

THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Berkley  
Township of 1st H. Stephens  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

88574

Registration District No. 705

Registered No. 74  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
St.: ..... Ward: .....

(2) Full Name of Child Benjamin Wearing

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? - (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 11, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Wearing

(9) PRESENT POSTOFFICE OF FATHER St. Stephens St.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 37  
(Years)

(12) BIRTHPLACE Berkley Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Jackson

(15) PRESENT POSTOFFICE OF MOTHER St. Stephens St.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 3  
(Years)

(18) BIRTHPLACE Berkley Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 5-9 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Delia Wearing

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pineville, S.C.

Given name added from a supplemental report

(26) Witness R. M. Boykin  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) File Nov 16 1916 (28) R. M. Boykin  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.