

MARGIN RESERVED FOR BENDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Barnwell</i>		STATE OF SOUTH CAROLINA		84404	
Township of <i>Baldon</i>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <i>502</i>		Registered No. <i>67</i>	
or				(For use of Local Registrar)	
City of .....		(No. .... St.; .... Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <i>Mary Benton</i>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Mar 28 1916</i>	
FATHER.			MOTHER.		
(8) FULL NAME <i>B. F. Benton</i>			(14) NAME BEFORE MARRIAGE <i>Mary</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Martins SC.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Martins SC.</i>		
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>35</i>	(17) AGE AT LAST BIRTHDAY <i>30</i>			
(12) BIRTHPLACE <i>SC.</i>	(18) BIRTHPLACE <i>SC.</i>				
(13) OCCUPATION <i>Saw Mill Man</i>			(19) OCCUPATION <i>Housewife</i>		
(20) Number of children born to mother, including present birth <i>6</i>			(21) Number of children of this mother now living, including present birth <i>2</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> at <i>2 P. M.</i> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>J. S. Palmer</i>			(25) Address of Physician or Midwife <i>Attendale SC.</i>		
(24) State whether (Physician or Midwife) <i>Physician</i>					
Given name added from a supplemental report					
(20) Witness			(27) Filed <i>Mar 30 1916</i> (28) <i>F. H. Bond MD</i>		
(Signature of Witness necessary only when question 23 is signed by mark)			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.					

Revised for Columbia, Columbia, S. C.