

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

PLACE OF BIRTH
 County of Spartanburg
 Township of
 or
 City of Spartanburg
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 40-a Registered No. 177
 (For use of Local Registrar)

St. Ward)

(1) Full Name of Child If child is not yet named, make supplemental report as directed

(2) SEX Male (3) Date of Birth June 4 1906
 (4) Type or Trade To be covered only in case of Trade or Trade (5) Age of Mother 23
 (6) Name of Mother Clara MacShewan

FATHER.
 (7) Full Name William J. Bennett
 (8) Present Postoffice of Father Spartanburg
 (9) Color or Race White (10) Age at Last Birthday 25
 (11) Birthplace SC
 (12) Occupation Printing
 (13) Number of children born to mother, including present birth 4

MOTHER.
 (14) Name before Marriage Clara MacShewan
 (15) Present Postoffice of Mother Spartanburg
 (16) Color or Race White (17) Age at Last Birthday 23
 (18) Birthplace SC
 (19) Occupation Housewife
 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (21) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (22) (Signature) H. E. Mason
 (23) State South Carolina (24) Address of Physician or Midwife Physician Spartanburg

Given name added from a supplemental report
 (25) Witness (Signature of Witness necessary only when question 23 is signed by mark) James C. ...
 (26) Filed 7-1-23 (27) 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.

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