

(1) PLACE OF BIRTH

County of Wayne

Township of Parkman

or

Inc. Town of

or Lockhart S.C.

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

2667

Registration District No. 4206 Registered No. 2

(For use of Local Registrar)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 23, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam W Bentley

(9) PRESENT POSTOFFICE OF FATHER Lockhart S.C.

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

(12) BIRTHPLACE Union S.C.

(13) OCCUPATION Common mill work

(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Horat

(15) PRESENT POSTOFFICE OF MOTHER Lockhart S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Chesler S.C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Pearl Bentley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191...

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 11, 1922 (28) P. S. Tallman 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.

before the fifth month of pregnancy.

FILED—MICHIGAN, No. 1. THIS DEPARTMENT, No. 2, etc., in question 1.