

## (1) PLACE OF BIRTH

County of Inde...  
 Township of Corn...  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

No. 12818 — For State Registrar Only

Registration District No. 204 Registered No. 43  
 (For use of Local Registrar)

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 Wessie Mae Bentley (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH May 21, 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Ernest Bentley  
 (9) PRESENT POSTOFFICE OF FATHER Inde...  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28  
 (12) BIRTHPLACE Inde...  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Fannie Bell  
 (15) PRESENT POSTOFFICE OF MOTHER Inde...  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27  
 (18) BIRTHPLACE Inde...  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was black at 6:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Indie...  
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Inde...

Given name added from a supplemental report

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

(26) Filed May 21, 1923 (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.