

No. 1

(1) PLACE OF BIRTH

County of Richland
 Township of Lower
 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

78982

Registration District No. 3803Registered No. 268
(For use of Local Registrar)

(2) Full Name of Child William Bent (No. St.; Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

(3) BOY OR

☒ GIRL(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married?yes

(7) DATE OF

BIRTH Aug 28 1916
(Name of Month) (Day) (Year)

MOTHER.

(8) FULL
NAMEWalter Bent(9) PRESENT
POSTOFFICE
OF FATHEREaston SC(10) COLOR
OR
RACENegr(11) AGE AT LAST
BIRTHDAY21
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer(14) NAME BEFORE
MARRIAGEEmma Jenkins(15) PRESENT
POSTOFFICE
OF MOTHEREaston SC(16) COLOR
OR
RACENegr(17) AGE AT LAST
BIRTHDAY25
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife(20) Number of children born to
mother, including present birth1(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Jessie Wellman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Medwife EASTOVERGiven name added from a supplement
report

(26) Witness

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

(27) Filed

Aug 281916

(28)

J. W. Smith
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