

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.

Saw, of Columbia.

## (1) PLACE OF BIRTH

County of Abbeville.....Township of Magnolia.....or  
Inc. Town of .....

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

45148

Registration District No. 109.....Registered No. 5.....  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)

(2) Full Name of Child Daniel Wesley Bentley { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 19, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Daniel Bentley(9) PRESENT POSTOFFICE OF FATHER Leahoun Falls S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE Abbeville Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Tucker(15) PRESENT POSTOFFICE OF MOTHER Leahoun Falls S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE Abbeville Co S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at ..... 6 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margaret W. Trimbush

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

Amended P-1 MAY 23 1916

Midwife | Leahoun Falls S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness Wm. A. Mance  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan. 20, 1916 (28) H. A. Mance  
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.