

(1) PLACE OF BIRTH

County of Belton
 Township of Belton S.C.
 or
 Inc. Town of Belton
 or
 City of

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

File No.—For State Registrar Only

2991

Registration District No. 300 Registered No. 13
 (For use of Local Registrar)

(No. 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 Andrew James Greer If child is not yet named, make supplemental report as directed.

3 BOY OR GIRL Boy 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? Yes 7 DATE OF BIRTH Feb 10 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Andrew Greer
 9 PRESENT POSTOFFICE OF FATHER Belton S.C.
 10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 27 (Years)
 12 BIRTHPLACE Belton S.C.
 13 OCCUPATION Cotton mill work
 14 Number of children born to mother, including present birth 13

MOTHER.

14 NAME BEFORE MARRIAGE Annie Campbell
 15 PRESENT POSTOFFICE OF MOTHER Belton S.C.
 16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 23 (Years)
 18 BIRTHPLACE Anderson
 19 OCCUPATION House
 20 Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lillian Hand(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Belton S.C.

Given name added from a supplemental report

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

(27) Filed 2-18 1922 (28) Mrs. J. P. Hand 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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MARGIN RESERVED FOR BINDING.
 WHITE PLAIN: WITH EXPANDING INC.—THIS IS A PERMANENT RECORD.
 N. B.—In case of stillbirth, this form is to be filled out for each child, and mark the PRINT-BORN, No. 1, THIS OTHER, No. 2, etc., in question 6.