

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.

RECAP OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson  
Township of Chastainville  
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  
**40810**

Registration District No. 303

Registered No. 88  
(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

Lila Pearson Bolt

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin or Triplet? 1  
To be answered only in case of Twins or Triplets

(5) Number in order of birth 5

(6) Are Parents Married? yes

(7) DATE OF BIRTH Oct. 21, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lila Pearson Bolt

(9) PRESENT POSTOFFICE OF FATHER

Anderson Co.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY 31  
(Years)

(12) BIRTHPLACE

Anderson Co

(13) OCCUPATION

Farmer.

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

1 5

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillian Leta McElure

(15) PRESENT POSTOFFICE OF MOTHER

Anderson Co

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY 28  
(Years)

(18) BIRTHPLACE

Anderson Co

(19) OCCUPATION

house wife.

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

1 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) J. L. Gray

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Anderson

Given name added from a supplemental report

(26) Witness

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

19 ..  
Registrar

(27) Filed

19 ..

(28) J. B. Crayton  
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.

\*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.

ANDERSON, S. C.

STATE OF SOUTH CAROLINA  
COUNTY OF ANDERSON.

AFFIDAVIT:

This is to certify that Dorothy Winona Bolt, was borned  
Oct, 29th. 1922, and this is the name given her at Birth. The name on  
Certificate sent in is incorrect, and has never been known by  
Viola Dawson Bolt.

Personally appeared before me, Ira Pinson  
Bolt and makes Oath that the above stat-  
ement is true and correct.

Signed; This 26 day of April, 1941.

Ira Pinson Bolt  
Father.

~~WITNESSES:~~

Sworn to and subscribed to before me this  
26th day of April 1941

Harold G. Dean Seal  
NOTARY FOR SOUTH CAROLINA: