

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 6.
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Anderson
 Township of Chickly
 or
 Inc. Town of
 or
 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
40810

Registration District No. 303 Registered No. 88
 (For use of Local Registrar)

(2) Full Name of Child Jirka Pearson Bolt

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 21, 1922
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Jra Pearson Bolt
 (9) PRESENT POSTOFFICE OF FATHER Anderson Co.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31
 (12) BIRTHPLACE Anderson Co
 (13) OCCUPATION Farmer.

MOTHER.
 (14) NAME BEFORE MARRIAGE Jessie Letta M. Elvess
 (15) PRESENT POSTOFFICE OF MOTHER Anderson Co
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
 (18) BIRTHPLACE Anderson Co
 (19) OCCUPATION house wife.

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Gray
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

 19 ..
 Registrar

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

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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 statement 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: