

(1) PLACE OF BIRTH

County of SpartanburgTownship of FairforestInc. Town of Buck Spring

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

70437

Registration District No. 4004 Registered No. 20

(For use of Local Registrar)

(2) Full Name of Child

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

To be answered only in event of Twins or Triplets

(6) Are Yes Parents Married?(7) DATE OF BIRTH 6.28.16

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wellington Belcher

(9) PRESENT POSTOFFICE OF FATHER

Fairforest R.F.D.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

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MOTHER.

(14) NAME BEFORE MARRIAGE

Nora High

(15) PRESENT POSTOFFICE OF MOTHER

Fairforest R.F.D.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1.30 A.M. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) O. W. Leonard M.D.

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

Given name added from a supplemental report

101....

Registrar

(26) Witness

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

(27) Filed July 15 191...

(28)

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.

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.

McCaw, of Columbia.