

Form No. 8

(1) PLACE OF BIRTH

County of \_\_\_\_\_

Township of \_\_\_\_\_

or

Inc. Town of \_\_\_\_\_

or

City of \_\_\_\_\_

(If birth occurs in hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Dorothy Inure Belcher*

(3) SEX OR GIRL?

*Enick**Enick*

(4) FULL NAME

*Kenneth B. Belcher*

(5) PRESENT POSTOFFICE OF FATHER

*City*

(6) COLOR OR RACE

*W*

(7) BIRTHPLACE

*S.C.*

(8) OCCUPATION

*Carpenter*

(9) AGE AT LAST BIRTHDAY

*36*

(10) COLOR OR RACE

*W*

(11) BIRTHPLACE

*S.C.*

(12) OCCUPATION

*Hand*

(13) AGE AT LAST BIRTHDAY

*33*

(14) COLOR OR RACE

*W*

(15) BIRTHPLACE

*S.C.*

(16) OCCUPATION

*Hand*

(17) AGE AT LAST BIRTHDAY

*33*

(18) COLOR OR RACE

*W*

(19) BIRTHPLACE

*S.C.*

(20) OCCUPATION

*Hand*

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *40-a*Registered No. *286*

(For use of Local Registrar.)

FILE NO. For State Registrar Only

19105

St. *120 Holmes* Ward *23*

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

(1) SEX OR GIRL?

*Enick**Enick*

(4) FULL NAME

*Kenneth B. Belcher*

(5) PRESENT POSTOFFICE OF FATHER

*City*

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(16) OCCUPATION

*Hand*

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*33*

(18) COLOR OR RACE

*W*

(19) BIRTHPLACE

*S.C.*

(20) OCCUPATION

*Hand*

(4) Twin or Triplet?

*To be answered only in event of Twins or Triplets**FATHER**Kenneth B. Belcher**City**W**S.C.**Carpenter**36**W**S.C.**Carpenter**36**W**S.C.**Carpenter**36**W**S.C.**Carpenter**36**W**S.C.**Carpenter**36**W**S.C.**Carpenter**36**W**S.C.**Carpenter**36**W**S.C.**Carpenter**36*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date above stated.

(23) (Signature) *J. W. Allen*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

*L. A. Puer M.D.**12/8/43*

Registrar

(26) Witness

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

(27) Filed

*7-1-**1943**23**Jan**Copes*

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.