(1) PLACE OF BIRTH

County of Anderson

Township of Belton

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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: 5859

Registration District No. 309. Registered No. 14
(For use of Local Registrar)

(2) Full Name of Child Wallace Lagarton Atkinson

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 Parents Married? yes

(7) DATE OF BIRTH May 7 (Name of Month) 19 (Day) 19 (Year)

FATHER.	MOTHER.
(8) FULL NAME Rufus Atkinson	(14) NAME BEFORE MARRIAGE Nellie Robertson
(9) PRESENT POSTOFFICE OF FATHER Belton R. 1	(15) PRESENT POSTOFFICE OF MOTHER Belton R. 1
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Anderson Co.	(18) BIRTHPLACE Anderson Co.
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth: One	(21) Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... born alive ... at 11 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Hurlburd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson S. C.

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 Apr 23 1923 (28) R. P. Robinson
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.

Registrar

Registrar

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