

## (1) PLACE OF BIRTH

County of Barnwell  
 Township of Attendale  
 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  
84395

Registration District No. 370Registered No. 135  
(For use of Local Registrar)

(2) Full Name of Child John Henry Belfort (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 23 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Belfort  
 (9) PRESENT POSTOFFICE OF FATHER Fairfax SC.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE SC.  
 (13) OCCUPATION Farm Laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE Dollie  
 (15) PRESENT POSTOFFICE OF MOTHER Fairfax SC.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)  
 (18) BIRTHPLACE SC.  
 (19) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 4(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 born alive at 2 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Belle H. Murkerson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mad Fairfax SC.

Given name added from a supplemental report

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

(27) Filed Nov 27 1916 (28) F. H. Boyd 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.