

(1) PLACE OF BIRTH

County of AndersonTownship of Beltz

Inc. Town of

City of Beltz

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

(2) Full Name of Child Wm Lawrence Rowland

3) BOY OR GIRL Boy 4) Twin or Triplet - 5) Number in order of birth 1st 6) Sex Male 7) DATE OF BIRTH Dec 7th 23
 To be covered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Wm Hart Rowland9) PRESENT POSTOFFICE OF FATHER Beltz S.C.10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 22 (Year)12) BIRTHPLACE Peizer S.C.13) OCCUPATION Cotton mill work14) Number of children born to mother, including present birth 1

MOTHER.

15) NAME BEFORE MARRIAGE Lillie Mae Jones16) PRESENT POSTOFFICE OF MOTHER Beltz S.C.17) COLOR OR RACE White 18) AGE AT LAST BIRTHDAY 18 (Year)19) BIRTHPLACE Beltz, S.C.20) OCCUPATION Housewife21) 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 3 A.M. on the 7th date above stated. (Born alive or stillborn) (Hour, M. or P.M.)(23) (Signature) C. G. Ladd, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Beltz, S.C.

Given name added from a supplemental report

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

(27) Filed Dec 10 1923 (28) J. P. Asker 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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 10.—For State Registrar Only

38493

Registration District No. 310 Registered No. 160
(For use of Local Registrar)

(No. St.; Ward)