

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 1-10-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100
598County of *Charleston*Township of *St. Philip*Inc. Town of *St. Philip*Registration District No. *909* Registered No. *121*
(For use of Local Registrar)City of *Wilmington 8 Mile* St. *8* Ward *8*
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child *William Andrew Belton* If child is not yet named, make supplemental report as directed(3) SEX OR CHILD *Boy* (4) Type of Twins *yes* (5) Number in order of birth *1* (6) Date of birth *Jan 19 1923*
To be answered only in event of Twins or Triplets(7) FATHER'S FULL NAME *Matthews Belton* (8) MOTHER'S FULL NAME *Martha County*(9) PRESENT POSTOFFICE OF FATHER *North Charleston* (10) PRESENT POSTOFFICE OF MOTHER *North Charleston*(11) COLOR OR RACE *Col.* (12) AGE AT LAST BIRTHDAY *28* (13) COLOR OR RACE *Col.* (14) AGE AT LAST BIRTHDAY *23*
(Year)(15) BIRTHPLACE *Charleston Co.* (16) BIRTHPLACE *Charleston Co.*(17) OCCUPATION *Laborer at Ice Factory* (18) OCCUPATION *Housework*(19) Number of children born to mother, including present birth *4* (20) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born alive* at *6 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *Rosa Bennett* (23) State without Physician or Midwife *R. Midwife* (24) Address of Physician or Midwife *8 Mile*

Given name added from a supplemental report

See copy
3-17-23
Registrar(25) Witness (Signature of Witness necessary only when question 23 is signed) *B. F. Myers*(26) Filed *Jan 31 1923* (27) 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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