

(1) PLACE OF BIRTH

County of Anderson  
Township of Belton  
or  
Inc. Town of .....  
or  
City of (No. .... St.; .... Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13559

Registration District No. 300 Registered No. 55  
(For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth: ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH May 2 1922  
(Name of Month) (Day) (Year)

FATHER: W. H. H. D.

MOTHER: Callahan

8) FULL NAME Wm Howard

(14) NAME BEFORE MARRIAGE Lola Callahan

9) PRESENT POSTOFFICE OF FATHER Belton SC

(15) PRESENT POSTOFFICE OF MOTHER Belton SC

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27  
(Years)

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24  
(Years)

(12) BIRTHPLACE Belton SC

(18) BIRTHPLACE Belton S.C.

(13) OCCUPATION Farmers

(19) OCCUPATION Farmers

20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Abree at P. M., on the date above stated. 11:21 (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Supper Chishale

(24) State whether Physician or Midwife Midwife (25) Belton SC

Given name added from a supplemental report

See Beate Haarnard

(26) Witness C. J. Desjard

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

(27) filed May 12 1922 (28) Mrs. J. Ash 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.