

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 1.

State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County AndersonTownship of Belton

Inc. Town of

City of

(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

Registration District No. 300Registered No. 411
(For use of Local Registrar)(2) Full Name of Child Berthy Louise Hook (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>girl</u>	(4) Type or Triplet <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Age <u>year</u>	(7) DATE OF BIRTH <u>Mar 31, 1923</u> <small>(Name of Month) (Day) (Year)</small>
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(8) FULL NAME <u>Robt Woods</u>		(9) PRESENT POSTOFFICE OF FATHER <u>Belton S.C.</u>		(10) COLOR OR RACE <u>negro</u>		(11) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>		(12) BIRTHPLACE <u>N. C.</u>		(13) OCCUPATION <u>Clerk Candy Store</u>	
(14) NAME BEFORE MARRIAGE <u>Leila Harris</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Belton S.C.</u>		(16) COLOR OR RACE <u>negro</u>		(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>		(18) BIRTHPLACE <u>Belton S.C.</u>		(19) OCCUPATION <u>Hand</u>	
(20) Number of children born to mother, including present birth <u>1</u>						(21) Number of children of this mother now living, including present birth <u>1</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. 5 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. A. Roman(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Belton S.C.

Given name added from a supplemental report

(26) Witness John A. Roman
(Signature of Witness necessary only when question 23 is signed by Mark)(27) Date Apr 7, 1923 (28) J. A. Roman
Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.