

(1) PLACE OF BIRTH

County of AndersonTownship of Beltonor
Inc. Town of.....or
City of(No. St.; Ward)
(If birth occurs in a hospital or other institution give name of same instead of street and number.)(2) Full Name of Child Sara Saline Horton If child is not yet named, make supplemental report as directed(3) ~~BOY~~
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? yes

(7) DATE OF

BIRTH Aug. 4, 1924
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to
mother, including present birth(11) AGE AT LAST
BIRTHDAY

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive ... at 10:4 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. R. Harrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Belton S.C.Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Aug 3, 1924(28) Mr. J. B. Parker

(29) 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.If a child breathes even once, it must not be reported as stillborn.
before the fifth month of pregnancy.CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

24677

Registration District No. 300Registered No. 117
(For use of Local Registrar)