

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of .....or  
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. 3A

File No.—For State Registrar Only

28655

Registered No. 358  
(For use of Local Registrar)(2) Full Name of Child Dana Lee Welch

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

(3) BOY OR GIRL?

(4) Twin or Triplet? no(5) Number in order of birth 5(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 23 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James Andrew Welch

(9) PRESENT POSTOFFICE OF FATHER

Anderson S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

41  
(Years)

(12) BIRTHPLACE

Causton Miss

(13) OCCUPATION

merchint

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

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

Elizabeth Layton

(15) PRESENT POSTOFFICE OF MOTHER

Anderson S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

37  
(Years)

(18) BIRTHPLACE

Gulf Port Miss

(19) OCCUPATION

housewife

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

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour—A. M. or P. M.)(23) (Signature) J. Louis Gray Jr.

(24) State of Physician or Midwife

(25) Address of Physician or Midwife

Anderson S.C.

Given name added from a supplemental report

(26) Witness

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

I. B. CRAYTON,

(27) Filed ..... 19 .....

(28) ANDERSON S.C.

\*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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MADE IN U.S.A. FOR BINDER  
 WITH PLATING, WITH UNFOLDING INDEX—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 5.