

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of WilliamstonInc. Town of Belzer

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38

File No.—For State Registrar Only

20865

Registered No. 86
(For use of Local Registrar)

(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

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

SEX OR
CHILD4) Twin
or Triplet?5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH July 19, 1922
(Name of Month) (Day) (Year)

FATHER.

1) FULL
NAME9) PRESENT
POSTOFFICE
OF FATHER10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

12) BIRTHPLACE

13) OCCUPATION

14) Number of children born to
mother, including present birth

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

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)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Aug 3, 1922 (28) W. L. Genshaw
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.

N. H.—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

MOBAY OF CAROLINA, COLUMBIA, S. C.