

No. 1

(1) PLACE OF BIRTH

County of

Balthasar

Township of

Landy Run

Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

34987

Registration District No.

808

Registered No.

(For use of Local Registrar)

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

Kathleen Podersfield

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

(3) SEX OF CHILD

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER

Edgar Podersfield

(9) PRESENT RESIDENCE OF FATHER

Landy Run

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

30

(12) BIRTHPLACE

Lexington

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Leola Williams

(15) PRESENT RESIDENCE OF MOTHER

Landy Run

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

26

(18) BIRTHPLACE

Lexington

(19) OCCUPATION

Farmer

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

O. E. Bellinger

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

O. E. Bellinger

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

(27) Filed

Nov 19 1923

Registrar

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.