

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Martins  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. - For State Registrar Only

13641

Registration District No. 309 Registered No. 35  
 (For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child Esler, Elizabeth Dutton If child is not yet named, make supplemental report as directed

(3) ☐ Male  
☐ Girl?

(4) Twin  
 or Triplet?

(5) Number in  
 order of birth  
 To be answered only in event of Twin or Triplet

(6) Are yes  
 Parents  
 Married?

(7) DATE OF  
 BIRTH May 21, 1929  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John A Dutton

(9) PRESENT  
 POSTOFFICE  
 OF FATHER Betton

(10) COLOR White (11) AGE AT LAST  
 OR BIRTHDAY 21  
 RACE (Years)

(12) BIRTHPLACE S C

(13) OCCUPATION  
Farming

(14) Number of children born to  
 mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosella Lenzers

(15) PRESENT  
 POSTOFFICE  
 OF MOTHER Betton

(16) COLOR White (17) AGE AT LAST  
 OR BIRTHDAY 21  
 RACE (Years)

(18) BIRTHPLACE S C

(19) OCCUPATION  
Housewife

(20) Number of children of this mother  
 now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:45 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma L. Lenzers (24) State whether Physician or Midwife  
Midwife (25) Address of Physician or Midwife  
Betton S C R 4

Given name added from a supplement-  
 tal report

(26) Witness

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

19 1929  
 Registrar

(27) June 10 19 22 (28) R. P. Robinson  
 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.

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