

(1) PLACE OF BIRTH

County of RichlandTownship of Windsor

Inc. Town of

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

File No.—For State Registrar Only

16573

2) Full Name of Child Walter isber

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets 1(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) May 10 1932

FATHER.

(8) FULL NAME

Walter isber

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) COLOR OR RACE

colord

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

Langston

(13) OCCUPATION

farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Wm. B. Belton

(15) PRESENT POSTOFFICE OF MOTHER

Columbia

(16) COLOR OR RACE

colord

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Columbia Co

(19) OCCUPATION

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

10

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. A. Bell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife E. A. BellRt 3

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed June 10 1932L. H. Taylor

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.