

(1) PLACE OF BIRTH

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

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

Registration District No. 3-C

FILED FOR THE REGISTER  
**31552**

Registered No. 108  
(For use of Local Registrar)

(2) Full Name of Child Lorna Wittenburg  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

3 SEX OR GENDER girl 4 TYPE OR TYPE 1 5 NUMBER OF MONTHS 2 6 DATE OF BIRTH 12-11-1929

**FATHER.**  
7 FULL NAME Sylvester Wittenburg  
8 PRESENT RESIDENCE OF FATHER (U.S. North)  
9 COLOR OR RACE W 10 AGE AT LAST BIRTHDAY 29  
11 BIRTHPLACE Greenville, S.C.  
12 OCCUPATION Farm Hand  
13 Number of children born to mother, including present birth 2

**MOTHER.**  
14 NAME BEFORE MARRIAGE Lohmie G. Barton  
15 PRESENT RESIDENCE OF MOTHER Betha, R.D. #4  
16 COLOR OR RACE W 17 AGE AT LAST BIRTHDAY 27  
18 BIRTHPLACE Greenville, S.C.  
19 OCCUPATION Housewife  
20 Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature).....  
(24) State whether Physician or Midwife..... (25) Address of Physician or Midwife.....

Given name added from a supplemental report.....  
(26) Witness.....  
(27) Filed 12-11-1929 (28) Lillian Russell 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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