

(1) PLACE OF BIRTH  
 County of Anderson  
 Township of Fork  
 or  
 Inc. Town of .....

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

File No. — For State Registrar Only  
**13612**

Registration District No. 505 Registered No. 61  
 (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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH May 21 22  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Prue S Bolt  
 (9) PRESENT POSTOFFICE OF FATHER Louville SC #3  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35  
 (Year)  
 (12) BIRTHPLACE Anderson Co SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

(14) NAME BEFORE MARRIAGE Lois Carson  
 (15) PRESENT POSTOFFICE OF MOTHER Louville SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27  
 (Year)  
 (18) BIRTHPLACE Anderson Co SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report

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

19 Registrar

(27) Filed June 1 1922 (28) J. F. Hollaway 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.