

## (1) PLACE OF BIRTH

County of Greenville  
 Township of 16  
 or Inc. Town of Camp Green  
 or City of Greenville  
 (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

No. 43021

Registration District No. 240910 Registered No. 3  
 (For use of Local Registrar)  
 (No. 291 Packet St. Duncan Ward)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Asa Belt

3 SEX BOY OR GIRL  
 4 Sex of Father  
 5 Number in order of birth  
 6 Are Parents Married yes  
 7 DATE OF BIRTH Sept 1 1929  
 (Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME Wm Belt  
 9 PRESENT POSTOFFICE OF FATHER Greenville  
 10 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37  
 12 BIRTHPLACE S.C.  
 13 OCCUPATION Textile

## MOTHER.

14 NAME BEFORE MARRIAGE Alice McKay  
 15 PRESENT POSTOFFICE OF MOTHER Greenville  
 16 COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38  
 18 BIRTHPLACE Deep West  
 19 OCCUPATION Domestic  
 20 Number of children born to mother, including present birth 7  
 21 Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Geo J. Hansen(24) State whether Physician or Midwife MD(25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(27) Registrar 1-1-29 (Day) 1929 (Year)

\*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.