

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of Beltonor  
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

No. 2784Registration District No. 300 Registered No. 34  
(For use of Local Registrar)(2) Full Name of Child John Lewis Asker If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Boy (4) Type or Type Full (5) Number in order of birth 1 (6) DATE OF BIRTH Feb 12 1923  
(Date of Month) (Day) (Year)

FATHER. MOTHER.

(7) FULL NAME Charles Huff Asker (8) FULL NAME Emmie Elizabeth Boyer(9) PRESENT RESIDENCE OF FATHER Belton S.C. (10) PRESENT RESIDENCE OF MOTHER Belton S.C.(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 21 (13) COLOR OR RACE White (14) AGE AT LAST BIRTHDAY 19(15) BIRTHPLACE Anderson Co. (16) BIRTHPLACE Belton S.C.(17) OCCUPATION Belton mill machine (18) OCCUPATION Housewife(19) Number of children born to mother, including present one 1 (20) Number of children of this mother now living, including present one 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Male (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Thos. Marshall (23) State whether Physician or Midwife (24) Address of Physician or Midwife Belton S.C.Given name stated from a supplement-  
the report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(26) Filed Mar 2 1923 (27) Local Registrar

When this is a stillborn child, the father, householder, etc., should make this return. If a child is born even late, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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