

Form No. 1.

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

59745

County of DillonTownship of LattaInc. Town of LattaRegistration District No. 1606 Registered No. 19  
(For use of Local Registrar)City of Latta (No. 19 St.; 19 Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child, Daniel Horace Belter 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 — (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr. 4, 1906  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Belter(9) PRESENT POSTOFFICE OF FATHER Latta S C(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 57 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 14

## MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Reader(15) PRESENT POSTOFFICE OF MOTHER Latta S C(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 45 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was white at 12 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. C. Major

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Latta S C

Given name added from a supplemental report

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

(27) Filed 4/10 1916 (28) E. B. Bledsoe 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.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw of Columbia