

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

File No.—For State Registrar Only

71118

(1) PLACE OF BIRTH
 County of Anderson
 Township of R 41
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 309 Registered No. 33
 (For use of Local Registrar)

(2) Full Name of Child Lena Bertaloe } 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? ye (7) DATE OF BIRTH May, 6, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter
 (9) PRESENT POSTOFFICE OF FATHER Waller
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)
 (12) BIRTHPLACE Sc
 (13) OCCUPATION Physician
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Geneva Hall
 (15) PRESENT POSTOFFICE OF MOTHER Sc
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY (Years)
 (18) BIRTHPLACE Sc
 (19) OCCUPATION Domestic
 (21) 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 Alive at 3 9 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. Lanty Lytle
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Jackson 10

Given name added from a supplemental report

(26) Witness J.C. Jones
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 19 1916 (28) J.C. Jones 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.

MARSHES RESERVED FOR BINDING
 WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN ALL CASES OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK IT
 FIRST-BORN, NO. 1 THE OTHER, NO. 2, ETC., IN QUESTION 3.
 STATE OF SOUTH CAROLINA