

(1) PLACE OF BIRTH

County of LaurensTownship of Yonkers

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Died Dec 25

File No.—For State Registrar Only

43339

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2906Registered No. 84

(For use of Local Registrar)

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 2 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Belt Kelly(9) PRESENT POSTOFFICE OF FATHER Mountain View SC(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 48

(Years)

(12) BIRTHPLACE SS.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Beckie Brown(15) PRESENT POSTOFFICE OF MOTHER Mountain View S.C.(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE SS.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carrie Gray(24) State whether Physician or Midwife 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)

(27) Filed 1/101923

(28)

AL Harris

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.