

(1) PLACE OF BIRTH

County of Anderson
 Township of Belton
 or
 Inc. Town of Belton
 or
 City of Belton

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 38490 for State Registrar

Registration District No. 200 Registered No. 158
 (For use of Local Registrar)

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

(2) Full Name of Child Louise S. Lane (If child is not yet named, make supplemental report as directed)

(3) SEX OR GIRL X (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 3 1923 (Day) (Year)

FATHER: (8) FULL NAME Louise S. Lane (9) PRESENT POSTOFFICE OF FATHER Belton S.C. (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years) (12) BIRTHPLACE Stons S.C. (13) OCCUPATION farmer (14) NAME BEFORE MARRIAGE Ester S. Lane (15) PRESENT POSTOFFICE OF MOTHER Belton S.C. (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years) (18) BIRTHPLACE Georgia (19) OCCUPATION farmer (20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Netta Colbert (24) Address of Physician or Midwife Belton S.C.

Given name added from a supplemental report

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

(26) Filed Dec 5 1923 (27) 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.