

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
7-228

(1) PLACE OF BIRTH *Anderson*
County of *Belton*
Township of *Belton*
or
Inc. Town of Registration District No. *300* Registered No. *115-*
(For use of Local Registrar)
or
City of *Belton* (No. *2* *Belly* St.; *4* Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child *Anna Lee Wood* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? <i>2</i> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <i>2</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>May 5-1916</i> <small>(Name of Month) (Day) (Year)</small>
(8) FATHER <i>Lee K. Wood</i>		MOTHER <i>Anna K. Nelson</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Belton</i>	(14) NAME BEFORE MARRIAGE <i>Anna K. Nelson</i>			
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>24</i> <small>(Years)</small>	(15) PRESENT POSTOFFICE OF MOTHER <i>Belton</i>	(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY <i>24</i> <small>(Years)</small>
(12) BIRTHPLACE <i>S.C.</i>	(18) BIRTHPLACE <i>Belton</i>			
(13) OCCUPATION <i>When mother works 2 hrs</i>	(19) OCCUPATION <i>Dom</i>			
(20) Number of children born to mother, including present birth <i>2</i>	(21) Number of children of this mother now living, including present birth <i>2</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *12:4* A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) *Walter L. ...*
(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Belton SC*

Given name added from a supplemental report

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

(27) Filled *Aug 9 1916* (28) *J. Paick* 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.

McCAY of Columbia
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 8.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD.