

(1) PLACE OF BIRTH

County of AndersonTownship of Belton

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

38492

Registration District No. 300Registered No. 129
(For use of Local Registrar)(2) Full Name of Child Clairaz Gale Borman If child is not yet named, make supplemental report as directed(3) Sex Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are parents married Yes (7) DATE OF BIRTH Dec 6 1923
(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Alvin Borman(2) PRESENT POSTOFFICE OF FATHER Belton(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 21
(Year)(12) BIRTHPLACE Ill(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Roselle Ellice(15) PRESENT POSTOFFICE OF MOTHER Belton(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 16
(Year)(18) BIRTHPLACE Ill(19) OCCUPATION Housewife(20) 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 alive at 4 1/2 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James A. L. Sims(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Belton

Given name added from a supplemental report

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

(27) Filed Dec 13 1923 (28) 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.

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