

(1) PLACE OF BIRTH

County of Anderson
 Township of Brookway
 Inc. Town of Bellton S.C.
 City of R.F.D. #3

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

No. 11 - For State Registrar Only
19787

Registration District No. 301 Registered No. 21
 (For use of Local Registrar)

(2) Full Name of Child

(No. 1 St. 1 Ward 1)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Walter Edgar Agnew If child is not yet named, make supplemental report as directed

1) BOY OR GIRL Boy 2) 5 3) Number in order of birth 1 4) Age Parents Married Y 5) DATE OF BIRTH June 8 1920
 (House of Month) (Day) (Year)

FATHER. Agnew MOTHER. Zella Price

6) FULL NAME Walter Agnew 7) NAME BEFORE MARRIAGE Zella Price
 8) PRESENT POSTOFFICE OF FATHER Bellton S.C. 9) PRESENT POSTOFFICE OF MOTHER Bellton S.C.

10) COLOR OR RACE col. 11) AGE AT LAST BIRTHDAY 24 12) COLOR OR RACE col. 13) AGE AT LAST BIRTHDAY 24
 (Year) (Year)

14) BIRTHPLACE Anderson Co. 15) BIRTHPLACE Anderson Co.

16) OCCUPATION farmer 17) OCCUPATION farmer

18) Number of children born to mother, including present birth 1 19) 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 3 200 M., on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.))

(23) (Signature) W. H. Campbell (24) State whether Physician or 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 Aug 10 1923 (28) W. H. Campbell 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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