

(1) PLACE OF BIRTH

County of Hershaw
Township of Hat Rock

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

File No.—For State Registrar Only
43097

Inc. Town of Registration District No. 2702 Registered No. 61
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Samuel Belton { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twin or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 14, 1923</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>William Belton</u>			(14) NAME BEFORE MARRIAGE <u>Addie Spann</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Westville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Westville</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>50</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth { <u>4</u> }			(21) Number of children of this mother now living, including present birth { <u>4</u> }	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Harriet Truesdale
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Westville S.C.

Given name added from a supplemental report
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.....
Registrar

(26) Witness Mrs Mike Jones
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1/10 1924 (28) J. H. Barfield 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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First-Born, No. 1. THE OTHER, No. 2, etc., in question 5.

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22
4
M.
P.M.
Midwife
only
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