

Form No. 1.

(1) PLACE OF BIRTH

County of Kershaw

Township of W. Wallace

or  
Inc. Town of Blaney

or  
City of

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

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

86238

Registration District No. 2704 Registered No. 198

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child. Aleste Belton

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 20 1916</u>
<small>To be answered only in case of Twins or Triplets</small>			<small>(Name of Month) (Day) (Year)</small>	

#### FATHER.

(8) FULL NAME Matthew Belton

(9) PRESENT POSTOFFICE OF FATHER Blaney S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Kershaw Co.

(13) OCCUPATION Wages on farm

(20) Number of children born to mother, including present birth 4

#### MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Moore

(15) PRESENT POSTOFFICE OF MOTHER Blaney

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Kershaw

(19) OCCUPATION Field work

(21) Number of children of this mother now living, including present birth 4

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Beckie Moore

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Blaney

Miss W. J. D. Dardas

(26) Witness Miss W. J. D. Dardas

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

(27) Filed Oct 28 1916 (28) Miss W. J. D. Dardas Local Registrar.

Given name added from a supplemental report

191.....

Registrar

\*When there was no attending physician or midwife, then the father, householder, or other person should make this return. If a child breathes even once, it must not be reported as stillborn. No report is required of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McGraw, of Columbia.