(1) PLACE OF BIRTH

County of York

Township of .....

or

Inc. Town of .....

or

City of Rock Hill

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
9494

Registration District No. 44 B Registered No. 47 (47)
(For use of Local Registrar)

(No. ..... Elm Ave 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 Belton — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl | (4) Twin or Triplet? | (5) Number in order of birth — To be answered only in event of Twins or Triplets | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Mch 21 19 22 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Edward Belton	(14) NAME BEFORE MARRIAGE	Edna Steele
(9) PRESENT POSTOFFICE OF FATHER	Rock Hill S C	(15) PRESENT POSTOFFICE OF MOTHER	Rock Hill S C
(10) COLOR OR RACE	Black	(16) COLOR OR RACE	Black
(11) AGE AT LAST BIRTHDAY (Years)	46	(17) AGE AT LAST BIRTHDAY (Years)	39
(12) BIRTHPLACE	S. C.	(18) BIRTHPLACE	S. C.
(13) OCCUPATION	Barber	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	12	(21) Number of children of this mother now living, including present birth	10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. M. Massey M.D.

(24) State whether Physician or Midwife M.D. | (25) Address of Physician or Midwife Rock Hill S C

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 4/6 1922 (28) J. R. Miller
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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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.

McCAW OF COLUMBIA, COLUMBIA, S. C.