

(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. 1a.—For State Registrar Only

38401

Registration District No. 600 Registered No. 163

(For use of Local Registrar)

(2) Full Name of Child

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

(3) Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married yes (6) DATE OF BIRTH Dec 22 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herman Latta
 (9) PRESENT POSTOFFICE OF FATHER Belton S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Year)
 (12) BIRTHPLACE Anderson Co
 (13) OCCUPATION house wife
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Bryant
 (15) PRESENT POSTOFFICE OF MOTHER Belton S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Year)
 (18) BIRTHPLACE Anderson Co
 (19) OCCUPATION house wife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 4:20 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Haynes
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Belton S.C.

Given name added from a supplemental report

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

(27) Filed Jan 2 1924 (28) J. P. Adair Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make report. 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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