

(1) PLACE OF BIRTH

County *Anderson*

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County of *Anderson*

Township of *Center*

OR Inc. Town of

OR City of

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

(2) Full Name of Child

Wilma Jeanita Bolt

(3) BOY OR GIRL *girl*

(4) Twin or Triplet? *1*

(5) Number in order of birth *1*

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH *January 14, 1922*

(8) FULL NAME *Fred Bolt*

(9) PRESENT POSTOFFICE OF FATHER *Anderson Co*

(10) COLOR OR RACE *white*

(11) AGE AT LAST BIRTHDAY *38*

(12) BIRTHPLACE *Anderson Co*

(13) OCCUPATION *Farmer.*

(20) Number of children born to mother, including present birth *6*

FATHER.

File No.—For State Registrar Only

40817

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *303*

Registered No. *86*

(For use of Local Registrar)

St.; Ward)

(No. child is not yet named; make supplemental report as directed)

(7) DATE OF BIRTH *January 14, 1922*

(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE *Blanch Ma Hall*

(15) PRESENT POSTOFFICE OF MOTHER *Anderson Co*

(16) COLOR OR RACE *white*

(17) AGE AT LAST BIRTHDAY *38*

(18) BIRTHPLACE *Anderson Co*

(19) OCCUPATION *House wife*

(21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *J. J. Gray*

(24) State whether Physician or Midwife *Physician*

(25) Address of Physician or Midwife *Anderson SC*

Given name added from a supplemental report

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

(27) Filed *Dec. 24, 1922* (28) *J. J. Gray* 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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Local Registrar