

(1) PLACE OF BIRTH

County of Anderson
 Township of Belton
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

2781

Registration District No. 300 Registered No. 96
 (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 Ann Elbel May Hart If child is not yet named, make supplemental report as directed

(1) SEX Girl	(2) Type or Triple To be reported only in case of Twins or Triplets	(3) Number in order of birth	(4) Age Parent Married	(5) DATE OF BIRTH Feb 14 1923 (Month of Birth) (Day) (Year)
FATHER			MOTHER	
(6) FULL NAME <u>M. Z. Hart</u>			(14) NAME BEFORE MARRIAGE <u>Varena Kelly</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Belton SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Belton SC</u>	
(16) COLOR OR RACE <u>white</u>			(17) COLOR OR RACE <u>white</u>	
(18) AGE AT LAST BIRTHDAY <u>31</u> (Years)			(19) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(10) BIRTHPLACE <u>Anderson Co</u>			(20) BIRTHPLACE <u>Anderson Co</u>	
(11) OCCUPATION <u>farmer</u>			(21) OCCUPATION <u>house wife</u>	
(22) Number of children born to mother, including present birth <u>5</u>			(23) Number of children of the mother and father, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was alive at 6 P. M.
 on the date above stated. (If stillborn) (Hour A. M. or P. M.)

(25) Signature of Physician or Midwife
W. H. Hynes M.D.
 (26) Address of Physician or Midwife
Belton SC

Given under my hand and seal of office
Janie F. Jones
May 13

Notary Public for South Carolina
 (Signature of Notary Public)
Janie F. Jones