

(1) PLACE OF BIRTH

County of GastonTownship of Bellor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 300 Registered No. 12778 69
(For use of Local Registrar)(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 John William (If child is not yet named, make supplemental report as directed)3. SEX OR
GENDER Boy 4. Twin
or Triplet No 5. Number in
order of birth 1 6. Are
Parents Married Yes 7. DATE OF
BIRTH May 15 1915FATHER. 8. FULL
NAME William Thomas 14. NAME BEFORE
MARRIAGE Ella Pearson9. PRESENT
POSTOFFICE
OF FATHER Bell 15. PRESENT
POSTOFFICE
OF MOTHER Bell10. COLOR
OR
RACE White 11. AGE AT LAST
BIRTHDAY 28 12. AGE AT LAST
BIRTHDAY 2813. BIRTHPLACE Greenwood 16. BIRTHPLACE Anderson17. OCCUPATION Farmer 18. OCCUPATION Housewife20. Number of children born to
mother, including present birth 2 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 born 88 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. T. Garrison (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife BellGiven name added from a supplement-
al report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Signed June 1 1915 (28) J. T. Asher 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.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.