

## (1) PLACE OF BIRTH

County of Union  
 Township of Boysville  
 Inc. Town of Buffalo  
 City of

## CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only  
**5405**

Registration District No. 42B Registered No. 18  
 (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 Louise Dalton If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Feb 15 1923  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>W. H. Dalton</u>	(14) NAME BEFORE MARRIAGE <u>Ethel Ellenburg</u>	(18) PRESENT POSTOFFICE OF FATHER <u>Buffalo SC</u>	(18) PRESENT POSTOFFICE OF MOTHER <u>Buffalo SC</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>North Carolina</u>	(16) BIRTHPLACE <u>Pickens County</u>	(18) OCCUPATION <u>12 till</u>	(18) OCCUPATION <u>Homemaker</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Harrison

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Buffalo SC

Given name added from a supplemental report

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

(27) Filed Mar 10 1923 (28) J. H. Woodward 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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