

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only
71231

(1) PLACE OF BIRTH
 County of Anderson Co.
 Township of Belton Twp.
 or
 Town of Registration District No. 300 Registered No. 118
 (For use of Local Registrar)
 or
 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 Annulward East If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH

76 76 aug. 28, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaac Wardlaw
 (9) PRESENT POSTOFFICE OF FATHER Belton SC
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25
 (Years)
 (12) BIRTHPLACE Apprville Co. SC
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Watkins
 (15) PRESENT POSTOFFICE OF MOTHER Belton SC
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 44
 (Years)
 (18) BIRTHPLACE Anderson Co
 (19) OCCUPATION house wife
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:40 P. M., on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) M. J. ... M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Belton SC

Given name added from a supplemental report
Hubert ... 191 7
W. J. ...
W. J. ... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 1, 1916 (28) J. P. ... 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.

ALWAYS RETURN THIS FORM TO THE BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK IT "1", "2", ETC., IN QUESTION 5.
 N. B. - In case of TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK IT "1", "2", ETC., IN QUESTION 5.
 MacCaw of Columbia