

(1) PLACE OF BIRTH

County of FairfieldTownship of 6or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

44540

Registration District No. 6 Registered No. 7

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Ammanuel (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD	(4) Twin or Triplet	(5) Number in order of birth	(6) Age of Child	(7) DATE OF BIRTH
Male				Dec. 9, 1924
(Name of Month) (Day) (Year)				

FATHER.

(8) FULL NAME David Bellon(9) PRESENT POSTOFFICE OF FATHER Langston S.C.(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 24(12) BIRTHPLACE Fairfield County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Gertrude Brunsen(16) PRESENT POSTOFFICE OF MOTHER Langston S.C.(17) COLOR OR RACE Col. (18) AGE AT LAST BIRTHDAY 21(19) BIRTHPLACE Fairfield County(20) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 3 P.M., on the date above stated. (Day, all or stillborn) (Hour A. M. or P. M.)(23) (Signature) Virah Robertson (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Pauline Burton (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov. 18, 1924 (28) G. M. Martin 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.

MAKING SURE THE FATHER'S NAME IS WRITTEN PLAINLY, WITH SPACES BETWEEN THE LETTERS. IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD. SEE QUESTION 4. PRINT-BOOK, No. 1. THE OTHER, No. 2, etc., in question 4.