

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of Milliamstonor
(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 2765 - For State RegistrarRegistration District No. 3-C Registered No. 28
(For use of Local Registrar)

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

(2) Full Name of Child Bonnie Beatrice Dalton If child is not yet named, make supplemental report as directed1) sex and color Girl 2) Type or Figure To be given only in case of Twins or Triplets 3) Number in order of birth 1 4) Date of Birth Feb 16 1923
(Name of Month) (Day) (Year)

FATHER.

(1) Full Name James L. Dalton(2) Present Residence of Father Milliamston(10) Color or Race White (11) Age at Last Birthday 32
(Year)(12) Birthplace S.C.(13) Occupation Miner(20) Number of children born to mother, including present birth 2

MOTHER.

(14) Name before marriage Lanthe Mitchell(15) Present Residence of Mother Milliamston(16) Color or Race White (17) Age at Last Birthday 29
(Year)(18) Birthplace Texas(19) Occupation Housewife(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 alive or stillborn on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. J. Dalton(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Milliamston

(Given name added from a supplemental report)

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

(27) Filed 3-9-1923 (28) Gillian Russell Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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