

(1) PLACE OF BIRTH

County of Greenville
 Township of Barren
 or
 Inc. Town of
 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 Willie May Belcher

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 12, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Belcher

(9) PRESENT POSTOFFICE OF FATHER Fontaine, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Greenville, S.C.

(13) OCCUPATION Farmer - Cotton & Corn

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Martin

(15) PRESENT POSTOFFICE OF MOTHER Fontaine, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Greenville, S.C.

(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 at 12 A.M. on Feb. 12, 1922 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Du Pree M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fontaine, S.C.

Given name added from a supplemental report

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

(27) Filed (28) 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.

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

4348

Registration District No. Registered No. (For use of Local Registrar)

City of (No. St.; Ward)

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