

(1) PLACE OF BIRTH

County of Anderson  
Township of Belton  
or  
Inc. Town of.....  
or  
City of .....

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

File No. — For State Registrar Only

2080

Registration District No. 300 Registered No. 11  
(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 Roselee Erbey 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 Feb. 8, 22  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Poy Erbey  
9. PRESENT POSTOFFICE OF FATHER Belton S.C.  
10. COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 23 (Year)  
12. BIRTHPLACE S.C.  
13. OCCUPATION Farming  
14. Number of children born to mother, including present birth 1 2

MOTHER.

14. NAME BEFORE MARRIAGE Vera Madden  
15. PRESENT POSTOFFICE OF MOTHER Belton  
16. COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 27 (Year)  
18. BIRTHPLACE S.C.  
19. OCCUPATION Housewife  
20. Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alone at 9. a. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma L. Sims  
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife  
Midwife | Belton S.C. R5

Given name added from a supplemental report

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

(27) Filed Feb. 11, 1922 (28) Mrs. J. Acker 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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MAJORS RESERVE FOR USE IN TWIN, TRIPLETS OR QUADRUPLETS. WHEN IN USE, PRINT NAME OF EACH CHILD AND MARK THE SPACES THEREIN. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD AND MARK THE SPACES THEREIN. No. 1 - Child's Official, No. 2, etc., in question 2.

N. H. - In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD AND MARK THE SPACES THEREIN. No. 1 - Child's Official, No. 2, etc., in question 2.

MAJORS