

(1) PLACE OF BIRTH

County of AndersonTownship of Marionor
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

6465

Registration District No. 307 Registered No. 11
(For use of Local Registrar)

No. St. Ward)

(2) Full Name of Child

Miss Houston

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Patched Married?

(7) DATE OF BIRTH Jan 13 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lewis Houston(9) PRESENT POSTOFFICE OF FATHER Belton #1 S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 44
(Years)(12) BIRTHPLACE S.C.

(13) OCCUPATION

Farming(14) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Lea Harper(15) PRESENT POSTOFFICE OF MOTHER Belton #1, S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(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 alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Frank L. Taylor

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeBelton #1, S.C.

(26) Name added from a supplemental report

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

(27) Mar 20 22 (28) T. P. Robinson
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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