

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

No. 2778
 2778

Registration District No. 300

Registered No. 21
 (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 Robert Lee McCoy If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Type or Type Yes (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 12 1950
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME W. P. McCoy
 (9) PRESENT RESIDENCE OF FATHER Belton SC
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45
 (12) BIRTHPLACE Belton SC
 (13) OCCUPATION Mechanic
 (14) Number of children born to mother, including present birth 3

MOTHER.
 (15) NAME BEFORE MARRIAGE Parthena Whitt
 (16) PRESENT RESIDENCE OF MOTHER Belton SC
 (17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 30
 (19) BIRTHPLACE Belton SC
 (20) OCCUPATION house wife
 (21) Number of children of the mother 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M., on the date above stated.
 (Signature) W. R. Haynes MD
 (Address of Physician or Midwife) Belton SC

Given name added since a supplemental report
 (Signature) [Signature]
 (Address of Physician or Midwife) [Address]
 (Signature) [Signature]
 (Address of Physician or Midwife) [Address]