Form No. 1

(1) PLACE OF BIRTH

County of Anderson

Township of Broadway

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.)

CERTIFICATE OF BIRTH

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

Registration District No. 301 Registered No. 47
(For use of Local Registrar)

File No.—For State Registrar Only
28743

(2) Full Name of Child Carlinda Belle (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
Girl			Yes	Sept 8 1922 (Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(9) Full Name: Ivan Agnew	(14) Name before marriage: Maie Simmons
(9) Present Postoffice of Father: Belton R C	(15) Present Postoffice of Mother: Belton R C
(10) Color or Race: Negro (11) Age at last birthday: 21 (Years)	(16) Color or Race: Negro (17) Age at last birthday: 18 (Years)
(12) Birthplace: Anderson Co	(18) Birthplace: Anderson Co
(13) Occupation: Farmer	(19) Occupation: Housewife
(20) Number of children born to mother, including present birth: 1	(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 o'clock PM (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Maude Simmons

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Belton R 2

Given name added from a supplemental report

..... 19....
Registrar

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

(27) Filed Oct 10 1922 (28) W. C. Campbell
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 6th month of pregnancy.