

## (1) PLACE OF BIRTH

County of AndersonTownship of Martinor  
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. 309 Registered No. 97  
(For use of Local Registrar)

File No.—For State Registrar Only

40866

(2) Full Name of Child Betty Buchanan

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 Parents Married? yes (7) DATE OF BIRTH Nov 22 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME B. H. Buchanan(9) PRESENT POSTOFFICE OF FATHER Belted 12th(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44  
(Years)(12) BIRTHPLACE Anderson Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 seen 22

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Bell Underwood(15) PRESENT POSTOFFICE OF MOTHER Belted 12th(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38  
(Years)(18) BIRTHPLACE Anderson Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 1 seen

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Betty Buchanan at 8:30 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) J. C. McLeod M.D.

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

Given name added from a supplemental report

See 9-24-23  
T.P. 1923  
Registrar

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

(27) Filed Jan 8 1923 (28) R. P. Robinson  
Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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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BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.