

## (1) PLACE OF BIRTH

County of AndersonTownship of 1. Beltonor  
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

20872

Registration District No. 300Registered No. 92

(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 Willie Luman 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. July 27 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Clement(9) PRESENT POSTOFFICE OF FATHER Belton SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Hamers Park SC(13) OCCUPATION Day Labor(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Ella Williams(15) PRESENT POSTOFFICE OF MOTHER Belton SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Belton SC(19) OCCUPATION Day Labor(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 3.0 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Rachel Palmer(24) State whether Physician or Midwife (25) Address of Physician or Midwife Belton SC

Given name added from a supplementary report

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

(27) Filed July 8 1922 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breeches even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.