

(1) PLACE OF BIRTH

County of AndersonTownship of Beltonor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 300

File No.—For State Registrar Only

24694Registered No. 134
(For use of Local Registrar)(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 18, 22
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Geo Allen Greer(9) PRESENT POSTOFFICE OF FATHER Belton SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE Belton SC(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 14MOTHER.
(14) NAME BEFORE MARRIAGE Willie Robinson(15) PRESENT POSTOFFICE OF MOTHER Belton SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE Belton SC(19) OCCUPATION Wm(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alan 10 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margaret Greer
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Belton SC

Extra name added from a supplemental report

(26) Witness Mrs. J. B. Greer
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 22, 1922 (28) Mrs. J. B. Greer
Local RegistrarWhen 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.