

(1) PLACE OF BIRTH

County of AndersonTownship of BeltonInc. Town of A.City of Belton

(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

No. - For this Register
217

Registration District No. 300Registered No. 13

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(1) SEX Boy (2) Type or Trade None (3) Number in order of birth 1 (4) Are Parents Married Yes (5) DATE OF BIRTH Jan 7, 1923
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(6) FULL NAME <u>Era B. Stewart</u>	(14) NAME BEFORE MARRIAGE <u>Mrs. Duncan</u>	(10) PRESENT RESIDENCE OF FATHER <u>Belton S.C.</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Belton S.C.</u>
(12) COLOR OR RACE <u>White</u>	(18) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u>	(17) AGE AT LAST BIRTHDAY <u>38</u>
(13) BIRTHPLACE <u>Anderson Co</u>	(15) BIRTHPLACE <u>Belton S.C.</u>	(19) OCCUPATION <u>Farmer</u>	(17) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>16</u>	(21) Number of children of this mother now living, including present birth <u>16</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 40 M., on the date above stated. (Born alive or stillborn) (Hour & M., or P. M.)(23) (Signature) W. H. Payne(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Belton S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 2, 1923 (28) J. P. Ac 1

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 fifth month of pregnancy.

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