

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

File No. — For State Registrar

12340

Registration District No. 4304

Registered No. 3

(For use of Local Registrar)

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan. 4, 1923

(8) (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME

J. E. Bely

(10) PRESENT POSTOFFICE OF FATHER

Hwyway 22

(11) COLOR OR RACE

White

(12) AGE AT LAST BIRTHDAY

38

(Years)

(13) BIRTHPLACE

S.C.

(14) OCCUPATION

Farmer

(15) Number of children born to mother, including present birth

6

MOTHER.

(16) NAME BEFORE MARRIAGE

Lincy Matthews

(17) PRESENT POSTOFFICE OF MOTHER

Hwyway 22

(18) COLOR OR RACE

White

(19) AGE AT LAST BIRTHDAY

34

(Years)

(20) BIRTHPLACE

S.C.

(21) OCCUPATION

Housewife

(22) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was (Born, alive or stillborn) (Hour, A. M. or P. M.) on the date above stated.

(24) (Signature)

(25) State Whether Physician or Midwife

(26) Address of Physician or Midwife

(27) Given name added from a supplemental report

(28) Witness

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

(29) Filed

1/13/23

(30)

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.