

(1) PLACE OF BIRTH

County of AndersonTownship of Belton

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3 P.O. Registered No. 147
(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 Jim Banister (If child is not yet named, make supplemental report as directed)(3) SEX OR Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 28, 23
(Name of Month) (Day) (Year)FATHER
(8) FULL NAME Jim Banister
(9) PRESENT POSTOFFICE OF FATHER Belton S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34
(12) BIRTHPLACE Abbeville Co. S.C.
(13) OCCUPATION Cotton mill operator
(14) Number of children born to mother, including present birth 8MOTHER
(14) NAME BEFORE MARRIAGE Mardie My Carter
(15) PRESENT POSTOFFICE OF MOTHER Belton S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37
(18) BIRTHPLACE Grenville Co.
(19) OCCUPATION Hom.
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour, day, & P. M.)(23) (Signature) [Signature] (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 23 is signed by mark)

(27) Filed Dec 4, 23 (28) [Signature] 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.

MAKING UNNECESSARY PAID ENDORSING. WRITES PLAINLY. WITH UNPAID ENDORSING IS A PERMANENT RECORD. AND MUST BE IN CASE OF TWIN OR TRIPLETS AND A SEPARATE BLANK FOR EACH CHILD. NO. 2. SEE IN QUESTION 1. FIRST-BORN. NO. 1. THE OTHER. NO. 2. SEE IN QUESTION 1. SECTION OF COLUMBIA. COLUMBIA, S. C.