

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.
 STATE OF SOUTH CAROLINA, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		9630	
Township of <u>Piedmont</u>		Bureau of Vital Statistics			
Inc. Town of		Registration District No.		Registered No. <u>19</u>	
City of		(No. St. Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>John P. Belcher</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 24 19 22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>James Belcher</u>			(14) NAME BEFORE MARRIAGE <u>Lora Simpson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Piedmont S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ira, S.C.</u>		
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>		
(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Public Works</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>John</u> at <u>2 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mamie Block</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>April 16 19 23</u> (28) <u>J. H. H. H.</u> 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.