

(1) PLACE OF BIRTH

County of Anderson
 Township of Ballantyne
 Inc. Town of Rehoboth
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Register Only

2771

Registration District No. 38Registered No. 25
(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 Don T. Donny

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

(3) SEX OR GIRL boy (4) Type or Triple 1 (5) Number in order of birth 7 (6) Age Parents Married yes (7) DATE OF BIRTH Feb 19 1923
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME W. M. Longmire
 (9) PRESENT POSTOFFICE OF FATHER Pelzer St
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
 (12) BIRTHPLACE Ballantyne St
 (13) OCCUPATION Mill Work

MOTHER
 (14) NAME BEFORE MARRIAGE Adie Wacker
 (15) PRESENT POSTOFFICE OF MOTHER Pelzer St
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36
 (18) BIRTHPLACE Edgefield County
 (19) OCCUPATION Sanitation

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name address date of registration

M. B. Longmire
6-2-25

Witness

Signature of Witness necessary only when question is as to birth

When there was no attending physician or midwife, the birth must be reported to the registrar by the mother or father.