

(1) PLACE OF BIRTH

County of Anderson
 Township of Belton
 OR
 Inc. Town of Belton
 OR
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40791

Registration District No. 300... Registered No. 187...
 (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 Died

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? — (5) Number in order of birth 1st (6) Are Parents Married? No (7) DATE OF BIRTH Nov. 28 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William DeVase
 (9) PRESENT POSTOFFICE OF FATHER Anderson, S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE Anderson, S.C.
 (13) OCCUPATION Pressing Club
 (20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Maud Williams
 (15) PRESENT POSTOFFICE OF MOTHER Belton, S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Belton, S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. G. Todd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Belton, S.C.

Given name added from a supplement-
 tal report

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

(27) Filed Dec 9 1922 (28) Mrs. J. G. Acers 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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