

(1) PLACE OF BIRTH

County of Anderson
Township of Burden
or
Inc. Town of P.F.D.
or
City of _____

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

File No. — For State Registrar Only
13578

Registration District No. _____ Registered No. 23
(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 Thurmon Leo Bolt, Jr. If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Male 4) Term or Zygote? S 5) Number in order of birth 9 6) Are Parents Married? Yes 7) DATE OF BIRTH May 23 1922
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER

8) FULL NAME Wayman Bolt
9) PRESENT POSTOFFICE OF FATHER Anderson S.C. P.F.D.
10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 35
(Year)
12) BIRTHPLACE Anderson Co
13) OCCUPATION Farmer
20) Number of children born to mother, including present birth 9

MOTHER

14) NAME BEFORE MARRIAGE Lena Brown
15) PRESENT POSTOFFICE OF MOTHER Anderson S.C. P.F.D.
16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 40
(Year)
18) BIRTHPLACE Anderson Co
19) OCCUPATION wife
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 7:19 P.M., on the date above stated. (Born alive or stillborn: (Hour, M. or P.M.))

(23) (Signature) [Signature]
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report

See Affidavit 5-30-44
L.A. Riser, M.D. Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 10 1922 (28) W.C. Campbell Local Registrar

*If 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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