

(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)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 St.; Ward)

(2) Full Name of Child William Leo Bolt

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

3) BOY OR
 GIRL

4) Term
 or Zygote? S

5) Number in
 order of birth 9
 To be answered only in event of Twins or Triplets

6) Are
 Parents
 Married? Yes

7) DATE OF BIRTH May 23 1922
 (Name of Month) (Day) (Year)

FATHER

8) FULL
 NAME

Wayman Bolt

9) PRESENT
 POSTOFFICE
 OF FATHER

Anderson S.C. P.F.D.

10) COLOR
 OR
 RACE

N

11) AGE AT LAST
 BIRTHDAY 35
 (Years)

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

N

17) AGE AT LAST
 BIRTHDAY 40
 (Years)

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 7:40 M.,
 on the date above stated. (Born alive or stillborn: (Hour, M. or P. M.))

(23) (Signature)

H. J. Starnes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 al 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 mother)

(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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