

(1) PLACE OF BIRTH

County of Calhoun
 Township of Princeton
 or
 Inc. Town of Low Stee
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6710

Registration District No. 803Registered No. 24
(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 Kathleen Pelzer (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH March 27
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Lawrence Pelzer</u>	(14) NAME BEFORE MARRIAGE <u>Lurana Gales</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Ellow SE</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Ellow SE</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(19) OCCUPATION <u>Farmer</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 at P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ma Grace Taylor
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Parkers

Given name added from a supplemental report

(26) Witness Mr. J. D. Stoddard
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 27 (28) J. D. Stoddard 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.