

(1) PLACE OF BIRTH

County of Greenville  
 Township of Oak Lawn  
 OR  
 Inc. Town of.....  
 OR  
 City of.....

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

Registration District No. 2-2-12

File No.—For State Registrar Only  
**18889**

Registered No. 39  
 (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 Ellie May 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 2 (6) Are Parents Married? No (7) DATE OF BIRTH June 22 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Henry Lee Anderson  
 (9) PRESENT POSTOFFICE OF FATHER Pelzer R 4  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 36  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farm Laborer  
 (20) Number of children born to mother, including present birth 2

MOTHER.  
 (14) NAME BEFORE MARRIAGE Hattie Lee Anderson  
 (15) PRESENT POSTOFFICE OF MOTHER Pelzer R 3  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) W. A. Post (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pelzer R 3

Given name added from a supplemental report  
 .....  
 ..... 19 .....

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 22 1922 (28) W. A. Post 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.