

(1) PLACE OF BIRTH

County of Williamson
 Township of Anderson

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

13166

Inc. Town of Registration District No. Registered No.
 or (For use of Local Registrar)
 City of (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 Hazel E. Pett } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>G</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 17, 1922</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>J. J. Pett</u>	(14) NAME BEFORE MARRIAGE <u>Sattie Morris</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Iris S C</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Iris S C</u>			
(10) COLOR OR RACE <u>W</u>	(16) AGE AT LAST BIRTHDAY <u>63</u> (Years)	(10) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Ill</u>	(18) BIRTHPLACE <u>Ill</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Teacher</u>			
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dorah Hicks
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Iris S C

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 3/15/22(28) J. H. Hatcher 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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