

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Williamson

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

38472

Registration District No. 38Registered No. 177

(For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL? boy4) Twin or Triplet? —5) Number in order of birth 46) Are Parents Married? yes

7) DATE OF

BIRTH Dec 17, 1923

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME A. Trotter9) PRESENT POSTOFFICE OF FATHER Pelzer10) COLOR OR RACE White11) AGE AT LAST BIRTHDAY 42

(Years)

12) BIRTHPLACE Orcutt County13) OCCUPATION Farmer20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Bessie Hargis15) PRESENT POSTOFFICE OF MOTHER Pelzer16) COLOR OR RACE White17) AGE AT LAST BIRTHDAY 30

(Years)

18) BIRTHPLACE 4619) OCCUPATION Domestic21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn) (Hour A. M. or P. M.) 7 P. M.(23) (Signature) H. H. Hargis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Pelzer

Return name added from a supplemental report

(26) Witness

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

(27) Filed Jan 5, 1924

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.