

Form No. 1

(1) PLACE OF BIRTH

County of Anderson  
Township of Williamston  
or  
Inc. Town of Pelzer  
or  
City of .....

CERTIFICATE OF BIRTH

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

Registration District No. 39

File No.—For State Registrar Only

5793

Registered No. 27  
(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 Frank

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

(3) BOY OR GIRL Boy (4) Twin or Triplet - (5) Number in order of birth 11 (6) Are Parents Married? yes (7) DATE OF BIRTH March 5, 23  
To be covered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME J. B. Davis  
(9) PRESENT POSTOFFICE OF FATHER Pelzer S C  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47  
(12) BIRTHPLACE Ga  
(13) OCCUPATION Mill Work  
(14) Number of children born to mother, including present birth 11

MOTHER.  
(14) NAME BEFORE MARRIAGE Ada McBlains  
(15) PRESENT POSTOFFICE OF MOTHER Pelzer S C  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39  
(18) BIRTHPLACE Ga  
(19) OCCUPATION Domestic  
(20) Number of children of this mother now living, including present birth 11

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) W. R. Duddy  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pelzer S C

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

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(27) File March 13, 23 (28) W. R. Duddy 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.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH INK. THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.  
Macaw or Columbia, Columbia, S. C.