

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, with official No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Anderson</u>		STATE OF SOUTH CAROLINA		186	
Township of <u>Williamston</u>		Bureau of Vital Statistics			
Inc. Town of <u>Pelzer</u>		State Board of Health			
City of _____		Registration District No. <u>32</u>		Registered No. <u>10</u>	
or _____		St. _____		(For use of Local Registrar)	
or birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. _____)		(Ward _____)	
(2) Full Name of Child <u>William Steele Coates</u>		If child is illegitimate, make supplemental report as directed			
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE <u>Jan 23 1922</u>	
To be answered only in case of Twin or Triplet		BIRTH (Name of Month) (Day) (Year)			
FATHER.			MOTHER.		
(8) FULL NAME <u>Mr. W. Doanbell</u>			(14) NAME BEFORE MARRIAGE <u>Mr. Wiggins</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Pelzer S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pelzer S.C.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)		
(12) BIRTH-PLACE <u>A. L.</u>			(18) BIRTH-PLACE <u>A. L.</u>		
(13) OCCUPATION <u>Mill work</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>William</u> at <u>12:15</u> on the date above stated. (Sign above of Child) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. H. Smith</u>			(24) State whether Physician or Midwife		
(25) Address of Physician or Midwife <u>Pelzer S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of witness necessary only when question 25 is signed by mark)		
_____ is _____ Registrar			(27) File <u>Feb 9 1922</u> (28) Local Registrar <u>W. H. Smith</u>		
When there was no attending physician or midwife, then the father, household, etc., should make this return. If a child is born the event once, it must be reported as stillbirth. No report is desired of stillbirths before the fifth month of pregnancy.					

MADE PERMISSIBLE, COLUMBIA, S. C.