

(1) PLACE OF BIRTH

County of *Anderson*Township of *Williamston*or
Inc. Town of *Pelzer, SC*

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24649

Registration District No. *38*Registered No. *103*

(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

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

(3) BOY OR GIRL *Girl*(4) Twin or Triplet *No*(5) Number in order of birth *1st*(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

June 2, 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Wm. F. Friel*(14) NAME BEFORE MARRIAGE *Gurice. Walke*(9) PRESENT POSTOFFICE OF FATHER *St.*(15) PRESENT POSTOFFICE OF MOTHER *Pelzer, SC*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *19*
(Years)(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *16*
(Years)

(12) BIRTHPLACE

(18) BIRTHPLACE *Pelzer, SC*

(13) OCCUPATION

(19) OCCUPATION *Domestic*Number of children born to mother, including present birth *1*(21) Number of children of this mother now living, including present birth *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2) I hereby certify that I attended the birth of this child, who was at *4 P.* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. R. Dwyer*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Pelzer, SC*

Area name added from a supplemental report

(26) Witness

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

(27) Signed *Sept 5, 1922*(28) Local Registrar *W. R. Dwyer*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.