

Form No. 1

## (1) PLACE OF BIRTH

County of AndersonTownship of WilliamstonInc. Town of RehobothCity of Rehoboth

(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

2770

Registration District No. 30 Registered No. 26  
(For use of Local Registrar)(2) Full Name of Child William R. If child is not yet named, make supplemental report as directed(1) SEX OR GENDER boy (2) Type of Birth 2 (3) Number in order of birth 2 (4) Are Parents Married yes (5) DATE OF BIRTH Feb 24, 23  
(Name of Month) (Day) (Year)(6) FULL NAME W A Peterson(7) PRESENT POSTOFFICE OF FATHER Plyer 56(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 21  
(Year)(10) BIRTHPLACE Plyer 56(11) OCCUPATION Mill work(12) Number of children born to mother, including present birth 2(13) NAME BEFORE MARRIAGE Argie Halcombe(14) PRESENT POSTOFFICE OF MOTHER Plyer 56(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 21  
(Year)(17) BIRTHPLACE Pickens County(18) OCCUPATION Domestic(19) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alive at 10 A.M.  
on the date above stated. (Born alive or stillborn) (Date A. M. or P. M.)(21) (Signature) W R R. R. R.  
(22) State whether Physician or Midwife (23) Address of Physician or Midwife Plyer 56

Given name added from a supplemental report

When there was no supplemental report

If a child becomes ill

When there was no supplemental report

If a child becomes ill

Signature of Witness necessary only when question 20 is signed by mother

Witness W R R. R. R.

When there was no supplemental report

If a child becomes ill

WRITE PLAINLY. WITH A PENCIL OR INK—FILL IN A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FORM EACH CHILD, AND MARK THE FIRST-BORN. NO 1 THE OTHER NO 2 OR IN QUESTION 6

Bureau of Statistics, Columbia, S. C.