

(1) PLACE OF BIRTH

County of AndersonTownship of WilliamstonIne. Town of PiedmontCity of Piedmont

(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

71210

Registration District No. 30 Registered No. 50

(For use of Local Registrar)

(2) Full Name of Child Mollie Messer

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 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 2, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ed Messer(9) PRESENT POSTOFFICE OF FATHER Piedmont(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Mill work(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Synthia Hammer(15) PRESENT POSTOFFICE OF MOTHER Piedmont(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 2 (Years)(18) BIRTHPLACE N.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at S. P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) J. K. Campbell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Piedmont

Given name added from a supplemental report

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

(27) Filed Aug 15 1916 (28) J. C. Jewell 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.

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