

(1) PLACE OF BIRTH

County of Anderson

Township of Pendleton

or Inc. Town of Pendleton

City of Pendleton

CERTIFICATE OF BIRTH

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

34648

Registration District No. 310

Registered No. 123
(For use of Local Registrar)

(No. 310 of 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

Manon Williams

(3) SEX <u>Boy</u>	(4) Age <u>3</u> Years To be reported only in case of Twin or Triplets	(5) Date of Birth <u>Dec 27 1928</u>	(6) Name of Mother <u>Pauline Whitlock</u>
(7) FATHER <u>Manon Williams</u>		(8) PRESENT RESIDENCE <u>Pendleton S.C.</u>	
(9) COLOR <u>White</u>	(10) AGE AT LAST BIRTHDAY <u>27</u>	(11) COLOR <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>28</u>
(13) BIRTHPLACE <u>And. S.C.</u>	(14) OCCUPATION <u>mill operator</u>	(15) BIRTHPLACE <u>And. S.C.</u>	(16) OCCUPATION <u>housewife</u>
(17) Number of children born to mother, including present birth <u>3</u>		(18) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(24) Signature of Physician or Midwife
W. E. Hester

Given name added from a supplemental report

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

(26) Signed Dec 18 1928 (27) N. W. Seawright

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.