

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Beaufort

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9 A

File No. - For State Registrar Only

10299

Registered No. 580

(For use of Local Registrar)

St. Ward)

(2) Full Name of Child

Dorothy Mary Louise Pelous

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Supplemental report as directed

(7) DATE OF BIRTH 4/13/22(4) Twin or Triplet? 1 (5) Number in order of birth 4 (6) Are Parents Married? Yes (Name of Mother) (Day) (Year)

FATHER.

(8) FULL NAME William Angelo Petesch(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Motorman(14) NAME BEFORE MARRIAGE Mary Minnie(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 4(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child born alive at 10 M., on the date above stated. (Show A.M. or P.M.)(23) (Signature) H. C. McEachern(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife 286 Meeting

Given name added from a supplemental report

(26) Witness

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

(27) Filed

4/19/22 W. H. D. 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.