

(1) PLACE OF BIRTH

County of Anderson
Township of Williamston
or
Inc. Town of Pelzer
or
City of (No. St.; Ward)
(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
71226

Registration District No. 3-D Registered No. 89
(For use of Local Registrar)

(2) Full Name of Child *Bob Menden* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth ~~1~~ (6) Age Parents Married? *Y* (7) DATE OF BIRTH *Pelzer 14 1916*
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.
(8) FULL NAME *Henry Menden*
(9) PRESENT POSTOFFICE OF FATHER *Pelzer SC*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *21* (Years)
(12) BIRTHPLACE *Pikeville County*
(13) OCCUPATION *Mill work*
(20) Number of children born to mother, including present birth *one*

MOTHER.
(14) NAME BEFORE MARRIAGE *Pearl Brown*
(15) PRESENT POSTOFFICE OF MOTHER *Pelzer SC*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Years)
(18) BIRTHPLACE *.....*
(19) OCCUPATION *Domestic*
(21) Number of children of this mother now living, including present birth *one*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *blue* at *1* A.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) *W.R. D... ..*
(24) State whether Physician or Midwife *A. D.* (25) Address of Physician or Midwife *Pelzer SC*

Given name added from a supplemental report
....., 191....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Sep. 11 1916* (28) *James P. ... 3rd* 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.

fifth month of pregnancy.

MADE BY THE UNIVERSITY OF MICHIGAN LIBRARY SERVICE FROM A REPRODUCTION OF THE ORIGINAL RECORD IN THE OFFICE OF THE STATE ARCHIVIST, COLUMBIA, S.C. FIRST BORN, NO. 1, THE OTHER, NO. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100