

(1) PLACE OF BIRTH

County of Anderson

Township of Williamston

or
Inc. Town of Pelzer

or
City of

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)

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

(2) Full Name of Child Lot Menden } 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 1st (6) Age Parents Married? Yes (7) DATE OF BIRTH Aug 14 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry Menden

(9) PRESENT POSTOFFICE OF FATHER Pelzer SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Pickens 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 Sumter

(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 Alive at 1 4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report

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

(27) Filed Sep 11 1916 (28) James J. Pugh 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.

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