

(1) PLACE OF BIRTH

County of Aiken
 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

6406

Registration District No. 38Registered No. 40
(For use of Local Registrar)

City of (No. 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 Eugene F. Helloms (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 31 1922
 (Name of Month) (Day) (Year)

(8) FATHER'S FULL NAME Roy Helloms (9) MOTHER'S NAME BEFORE MARRIAGE Ruth Dorrisport

(10) PRESENT POSTOFFICE OF FATHER Pelzer SC (11) PRESENT POSTOFFICE OF MOTHER Pelzer SC

(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 29 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 29
 (Years) (Years)

(16) BIRTHPLACE SC (17) BIRTHPLACE SC

(18) OCCUPATION mill work (19) OCCUPATION domestic

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. H. ...

(24) State whether Physician or Midwife

(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) File Aug 5 1922 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.