

(1) PLACE OF BIRTH

County of Anderson  
Township of Williamston  
or  
Inc. Town of Pelzer S.C.  
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. 32 Registered 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 August F. Helloms (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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 31 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Roy Helloms

MOTHER.  
(14) NAME BEFORE MARRIAGE Ruth Dorisport

(9) PRESENT POSTOFFICE OF FATHER Pelzer S.C.

(15) PRESENT POSTOFFICE OF MOTHER Pelzer S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29  
(Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29  
(Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) 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) [Signature]  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pelzer S.C.

Given name added from a supplemental report  
.....  
..... 19 .....

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed April 5 1922 [Signature] 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.

RECORDS OF COLONIAL COLUMBIA, S. C.