

Form No. 1

(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

13546

Registration District No. 32Registered No. 79

(For use of Local Registrar)

(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

1. BOY OR GIRL? Boy 2. Twin or Triplet? No 3. Number in order of birth 12 4. Are Parents Married? Yes 5. DATE OF BIRTH May 23 1922
 (To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.

6. FULL NAME Myrus Davis
 7. PRESENT POSTOFFICE OF FATHER Pelzer SC
 8. COLOR OR RACE White 9. AGE AT LAST BIRTHDAY 36
 10. BIRTHPLACE Greenville County
 11. OCCUPATION Mill work

MOTHER.

12. NAME BEFORE MARRIAGE Leanni Velor
 13. PRESENT POSTOFFICE OF MOTHER Pelzer SC
 14. COLOR OR RACE White 15. AGE AT LAST BIRTHDAY 39
 16. BIRTHPLACE Greenville County
 17. OCCUPATION Domestic

20. Number of children born to mother, including present birth

12

(21) Number of children of this mother now living, including present birth

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. S. D.

(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)

19
Registrar(27) May 7 1922(28) W. R. S. 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.