

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Orangeburg  
 Town of Middle  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (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  
**50186**

Registration District No. 3629 Registered No. 12  
 (For use of Local Registrar)

(2) Full Name of Child Willie Pelzer } 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 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 15 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Pelzer  
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg SC  
 (10) COLOR OR RACE Black (11) AGE AS LAST BIRTHDAY 27 (Years)  
 (12) BIRTHPLACE Orangeburg Co, SC  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Pelzer  
 (15) PRESENT POSTOFFICE OF MOTHER Orangeburg SC  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE Orangeburg Co, SC  
 (19) OCCUPATION House keeper  
 (20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 o'clock A. M., on the date above stated. (Born alive or stillborn) ~~at~~ or P. M.)

(23) (Signature) Elizabeth Berry ..... Orangeburg, S.C.

(24) State whether Physician or Midwife. (25) Address of Physician or Midwife

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 Feb 28 1916 (28) W. H. Duker 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.