

Form No 1.

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71223

(1) PLACE OF BIRTH

County of Anderson

Township of Williamston

or  
Inc. Town of Pelzer

or  
City of

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

Registration District No. 3-D

Registered No. 86

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Infant Gornson

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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 17 1916  
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME L. H. Gornson (14) NAME BEFORE MARRIAGE MOTHER. Julia Bennett

(9) PRESENT POSTOFFICE OF FATHER Pelzer St. (15) PRESENT POSTOFFICE OF MOTHER Pelzer St.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 43  
(Years) (Years)

(12) BIRTHPLACE Greenville Co S.C. (18) BIRTHPLACE Greenville Co S.C.

(13) OCCUPATION Clerk (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 11 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. D. Mothman

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

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 Sept. 10 1916 (28) James J. Pater 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.

S. A. F. E. T. Y. A. F. I. L.