

MARGIN RESERVED FOR BINDING.
 WHEN PLAINLY VISIBLE, THE REGISTRAR MUST RECORD THE NAME OF THE CHILD, AND MARK THE
 M. R.—In case of TWINS OR TRIPLETS use a separate line for each child, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in Question 6.
 MESSAGE OF CONSENT, Column 9.

(1) PLACE OF BIRTH

County of Anderson
 Township of Millington
 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

2982

Registration District No. 38 Registered No. 18
 (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

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? - (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 1 1922
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME W. A. Stones
 (9) PRESENT POSTOFFICE OF FATHER Pelzer
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 49
 (12) BIRTHPLACE Durham County
 (13) OCCUPATION mill work
 (20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Alma Gumbrell
 (15) PRESENT POSTOFFICE OF MOTHER Pelzer
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36
 (18) BIRTHPLACE Anderson County
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. B. Denny
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pelzer

Given name added from a supplemental report

(26) Witness _____
 when question 22 is signed by mark)

(27) Filed Feb 1 1922 by Dr. C. A. Shanks
 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.