

(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

Registration District No. 38Registered
(For use of L)(No. _____ St. _____
(If birth occurs in a hospital or other institution, give name of same instead of street and

(2) Full Name of Child

(If child is not
supplemental r

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

FATHER

(8) FULL NAME Henry Hamby(9) PRESENT POSTOFFICE OF FATHER Pelzer S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 19
(Years)(12) BIRTHPLACE Acorn County(13) OCCUPATION Mill work(20) Number of children born to mother, including present birth one

MOTHER

(14) NAME BEFORE MARRIAGE Anna Keely(15) PRESENT POSTOFFICE OF MOTHER Pelzer S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 15
(Years)(18) BIRTHPLACE Pelzer S.C.(19) OCCUPATION Domestic & mill work(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:36 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. R. Dunde

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Pelzer S.C.

Given name added from a supplement report

(26) Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 9 1922 (28) M. L. Gresham 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.