

1. PLACE OF BIRTH

*Orangeburg*  
County of *Orangeburg*  
State of *South Carolina*  
City of *Orangeburg*  
Town of *Orangeburg*  
Ward of *Orangeburg*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. - For State Registrar Only

4820

3605

29

2. Full Name of Child

*George William Pitzer*

1. Twin or Triplet? *no*  
To be answered only in event of Twins or Triplets

Age *5* Months *15* Days *25* Hours *25* Minutes *25* Seconds  
Date of Birth *Feb 25 25*

FATHER.

Full Name *George Pitzer*  
Present Postoffice of Father *Proctor St*  
Color *W*  
Race *W*  
Birthplace *Proctor St*

III. AGE AT LAST BIRTHDAY *35*

III. OCCUPATION

*Farmer House*

MOTHER.

14. NAME BEFORE MARRIAGE *Lillian Beckwood*  
15. PRESENT POSTOFFICE OF MOTHER *Proctor St*  
16. COLOR *W*  
OR RACE *W*  
17. BIRTHPLACE *Ork Co S*  
18. OCCUPATION *Farmer wife*

17. AGE AT LAST BIRTHDAY *33*

21. 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 *born alive or stillborn* on the date above stated.

(23) (Signature) *M. E. Pitzer*

(24) State whether *Physician or Midwife*

(25) (Signature of Physician or Midwife) *M. E. Pitzer*

When name added from a supplemental report

(26) Witness

(Signature of Witness necessary when question 22 is signed by mark)

(27) Filed *Feb 25 25*

(28) *Proctor St* 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.