

(1) PLACE OF BIRTH

County of Cloness
Township of Tugalva
or
Inc. Town of
or
City of

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

File No. — For State Registrar Only
35824

Registration District No. 3505 Registered No. 141
(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 unnamed Pelfrey 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 11 (6) Age at birth yes (7) DATE OF BIRTH July 12 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Lee Andrew Pelfrey
(9) PRESENT POSTOFFICE OF FATHER Madison
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 5-0
(Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Pettie V. Pholletter
(15) PRESENT POSTOFFICE OF MOTHER Madison
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
(Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House Wife
(20) Number of children of this mother now living, including present birth 10

(21) Number of children born to mother, including present birth 11
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) J. A. Strickland, M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hester

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) 1922 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.
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