CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 523

(1) PLACE OF BIRTH

County of Charleston

Township of .....
or
Inc. Town of .....
or
City of Charleston (No. 1 Second St., ... Ward)

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

Registration District No. 9A Registered No. 103 (For use of Local Registrar)

(2) Full Name of Child William Pelzer (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? X
(5) Number in order of birth X
(To be answered only in event of Twins or Triplets)
(6) Are Parents Married? Yes
(7) DATE OF BIRTH June 12, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Pelzer
(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.
(10) COLOR OR RACE Colored
(11) AGE AT LAST BIRTHDAY 52 (Years)
(12) BIRTHPLACE Orangeburg Co., S.C.
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Laura Richardson
(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.
(16) COLOR OR RACE Colored
(17) AGE AT LAST BIRTHDAY 40 (Years)
(18) BIRTHPLACE Charleston, S.C.
(19) OCCUPATION Domestic
(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 born alive (Born alive or stillborn) at 5.2 (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mary Abel x / Smith
(24) State whether Physician or Midwife Midwife — in Emergency
(25) Address of Physician or Midwife 30 Smith St

Given name added from a supplemental report
..... 19...
..... Registrar

(26) Witness Wm. Jed Shorel Sr.
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 11/24 1922 J. Mercer Green M.D.
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark "No FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
MARGIN RESERVED FOR BINDING.

Form 3-d
State of Columbia, Columbia, S.C.