

(1) PLACE OF BIRTH

County Anderson
 Township of Williamston
 OR
 Inc. Town of Pelzer
 OR
 City of

CERTIFICATE OF BIRTH

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

For Use by State Registrar Only
 40283

Registration District No. 32

Registered No. 151
 (For use of Local Registrar)

(No. St.:
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 4 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H A Simpson
 (9) PRESENT POSTOFFICE OF FATHER Pelzer SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
 (Years)

(12) BIRTHPLACE Piedmont SC

(13) OCCUPATION Mill work

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Leone Mauldin

(15) PRESENT POSTOFFICE OF MOTHER Pelzer SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (Years)

(18) BIRTHPLACE Anderson County

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 9:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W R Sanders
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pelzer SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 6 1922 (28) 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.