

(1) PLACE OF BIRTH

County of Anderson
Township of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19749

or
Ina. Town of

Registration District No. 3 H

Registered No. 233

City of Anderson

(No. Anderson 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 Joan B. Pelfrey

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

(3) Sex—
GIRL?

(4) Twin
or triplet?

(5) Number in
order of birth

(6) Are
Parents
Married no

(7) DATE OF
BIRTH July 19, 1923
(Month of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL
NAME

(14) NAME BEFORE
MARRIAGE Lila Pelfrey

(9) PRESENT
POSTOFFICE
OF FATHER

(15) PRESENT
POSTOFFICE
OF MOTHER Anderson

(10) COLOR
OR
RACE

(11) AGE AT LAST
BIRTHDAY
(Years)

(16) COLOR
OR
RACE White

(17) AGE AT LAST
BIRTHDAY 22
(Years)

(12) BIRTHPLACE

(18) BIRTHPLACE S.C.

(13) OCCUPATION

(19) OCCUPATION Mill & L.

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

(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 born alive or stillborn on the date above stated. (How A. M. or P. M.)

(23) (Signature) J. P. Lawrence

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by GRAYTON,

(27) Filed

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(28)

ANDERSON, S. C.
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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