

(1) PLACE OF BIRTH

County of AndersonTownship of WilliamstonInc. Town of Pelzer

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

38476

Registration District No. 30Registered No. 181
(For use of Local Registrar)

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 Martha S. Ross

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

3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

1

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Dec 25 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Wm Ross

9) PRESENT POSTOFFICE OF FATHER

Pelzer S.C.

10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34
(Years)

12) BIRTHPLACE

Pelzer S.C.

13) OCCUPATION

mill worker

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

15

MOTHER.

(14) NAME BEFORE MARRIAGE

Nora Spenn

(15) PRESENT POSTOFFICE OF MOTHER

Pelzer S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

Pelzer S.C.

(19) OCCUPATION

Domestic

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

14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
(on the date above stated.)

(Born alive or stillborn)

Hour A. M. or P. M. 1:15

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

TurneyDec 18 1924

Registrar

(26) Witness

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

(27) Filed Jan 5 1924

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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