

Form No. 1

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only  
**40788**

(1) PLACE OF BIRTH

County of Anderson

Township of Williamston

or  
Inc. Town of Pelzer

or  
City of .....

Registration District No. 3D

Registered No. 167  
(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 .....

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 12, 1922</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Ray Rago dale

(9) PRESENT POSTOFFICE OF FATHER Pelzer SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Anderson County

(13) OCCUPATION Truck Driver

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Temple Campbell

(15) PRESENT POSTOFFICE OF MOTHER Pelzer SC

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

(18) BIRTHPLACE Pelzer SC

(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 alive at 4:10 P.M., on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

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

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

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 6, 1923 (28) M.L. Lynchaw 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.