

(1) PLACE OF BIRTH

County of Anderson

Township of Williamston

or  
Inc. Town of Peper

or  
(City of

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

File No.—For State Registrar Only  
**71225**

Registration District No. 3-D Registered No. 88  
(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 Not named { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? ye (7) DATE OF BIRTH Aug. 10, 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Lee Davis  
(9) PRESENT POSTOFFICE OF FATHER Peper SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY — (Years)  
(12) BIRTHPLACE Greenlee County  
(13) OCCUPATION Mill Work  
(20) Number of children born to mother, including present birth { 5

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Don Kn  
(15) PRESENT POSTOFFICE OF MOTHER Peper SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY — (Years)  
(18) BIRTHPLACE Don Kn  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth { 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 10 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Peper SC

Given name added from a supplemental report  
....., 191.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Sept. 11, 1916 (28) Francis J. Peper 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.