

(1) PLACE OF BIRTH

County of Anderson
 Township Seville
 Inc. Town of Pelzer
 City of Pelzer

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

No. 197
 197

Registration District No. 32 Registered No. 31
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Pollard If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number to order of birth 1st (6) Age of Mother 23 (7) DATE OF BIRTH Jan 23 (8) Year of Month (Day) (Year)

FATHER. (9) FULL NAME Joe Pollard (10) PRESENT RESIDENCE OF FATHER Pelzer (11) COLOR OF FATHER White (12) AGE AT LAST BIRTHDAY 26 (13) BIRTHPLACE SC. (14) OCCUPATION Mill work

MOTHER. (14) NAME BEFORE MARRIAGE Allie Jordan (15) PRESENT RESIDENCE OF MOTHER Pelzer (16) COLOR OF MOTHER White (17) AGE AT LAST BIRTHDAY 33 (18) BIRTHPLACE SC. (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (23) (Signature) N. T. Martin (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pelzer

Given name added from a supplemental report

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

(27) Signed Feb 10 1923 (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.

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