

(1) PLACE OF BIRTH

County of *Anderson*Township of *Williamston*or
Inc. Town of *Pelzer*or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6395

Registration District No. *38*Registered No. *22*
(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 *Not named* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *boy* (4) Twin or Triplet? *1st* (5) Number in order of birth *1st* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *March 6, 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Dwight Wadkins*(9) PRESENT POSTOFFICE OF FATHER *Pelzer S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *23*
(Years)(12) BIRTHPLACE *Pelzer S.C.*(13) OCCUPATION *Barber*(20) Number of children born to mother, including present birth *Five*

MOTHER.

(14) NAME BEFORE MARRIAGE *Louie McDonald*(15) PRESENT POSTOFFICE OF MOTHER *Pelzer S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *21*
(Years)(18) BIRTHPLACE *Greenville County*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *Five*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *White* at *6 A.M.*
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *W.R. Dunder*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Pelzer S.C.

Given name added from a supplemental report

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

(27) Filed *April 5, 1922* (28) *McLennan* 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.