

County of Berkeley  
Township of 2nd  
or  
Inc. Town of Glenn  
or  
City of .....

# CERTIFICATE OF BIRTH

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

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

3231

Registration District No. 201..... Registered No. 16.....  
(For use of Local Registrar)

City of ..... (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 Laroyce Roland Child is not yet named, make supplemental report as directed

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

2) FULL NAME yes Edward Gelzer

PRESENT POSTOFFICE OF FATHER *Summerville, S. C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *32*

(12) BIRTHPLACE *Berkley Ca.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth 4

**MOTHER**

(10) NAME BEFORE MARRIAGE Caroline Eliza Harvey

(15) PRESENT POSTOFFICE OF MOTHER *Summerville, S.C. #3*

(15) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *35*

(15) BIRTHPLACE Berkeley Co.

(19) OCCUPATION  
Housewife

(21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

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

7/2/41

(23) (Signature)	<i>James M. Semmes</i>
(24) State whether Physician or Midwife	Physician
(25) Address of Physician or Midwife	Semmesville, S.

Given name added from a supplemental report

(20) Witness (Signature of Witness necessary only when question 13 is signed by mark)

(2) Filed Feb 20 1922 (2) R. G. Hammond  
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 a stillbirth. No report is desired of stillbirths during the fifth month of pregnancy.