

RECEIVED FOR FILING.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS, SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

MADE IN COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Auderson
Township of
or
Inc. Town of
or
City of Auderson

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

File No.—For State Registrar Only
2941

Registration District No. 3A Registered No. 47
(For use of Local Registrar)

(No. 1424 S. McCuffee 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 Nellie Arlessy Peace

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

(3) BOY OR GIRL? X (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 31 1922
(Date of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. S. Peace
(9) PRESENT POSTOFFICE OF FATHER Auderson S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Hadersham Co. Georgia
(13) OCCUPATION merchant
(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Filey Arlessy Pittwood
(15) PRESENT POSTOFFICE OF MOTHER Auderson S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)
(18) BIRTHPLACE Banks Co. Ga.
(19) OCCUPATION homemaker
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) S. C. Peace
(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Auderson 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 19 (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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