

## (1) PLACE OF BIRTH

County of York  
 Township of York  
 or  
 Inc. Town of York  
 or  
 City of York (No. 314 St.; 27 Ward)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13675

Registration District No. 314 Registered No. 27  
 (For use of Local Registrar)

## (2) Full Name of Child

1) SEX: MALE (2) Twin or (3) Triplet (4) Are Parents Married? no (5) DATE OF BIRTH March 1922  
 (Name of Month) (Day) (Year)

## FATHER

9) FULL NAME Will Lee  
 10) PRESENT POSTOFFICE OF FATHER Pelzer R. 1st  
 (11) COLOR OR RACE negro (12) AGE AT LAST BIRTHDAY 30 (Year)  
 (13) BIRTHPLACE Anderson Co.  
 (14) OCCUPATION Farmer

## MOTHER

(15) NAME BEFORE MARRIAGE Julia Mauldin  
 (16) PRESENT POSTOFFICE OF MOTHER Williamston  
 (17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 30 (Year)  
 (19) BIRTHPLACE Anderson County  
 (20) OCCUPATION Seamstress  
 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) S.P. Rhoads  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Williamston 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 June 10 19 22 (28) J.B. Rhoads 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.