

(1) PLACE OF BIRTH

County of AndersonTownship of Williamstonor Town of PelzerCity of Pelzer

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

7-227

Registration District No. 3-D Registered No. 90

(For use of Local Registrar)

(No. 2 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 Odessa E { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 26, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Watson(9) PRESENT POSTOFFICE OF FATHER Pelzer So(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE P.C.(13) OCCUPATION mill work(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Wm. Cole(15) PRESENT POSTOFFICE OF MOTHER Pelzer So(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Beaufort County(19) OCCUPATION domestic(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 at 3 P.M. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. R. Dwyer

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M.D.Pelzer So

Given name added from a supplemental report

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

(27) Filed Sep. 11, 1916 (28) James J. Pelzer, Jr. 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.