

## (1) PLACE OF BIRTH

County of RushTownship of 5or  
Inc. Town ofor  
City of Cole

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

12588

Registration District No. 38Registered No. 50  
(For use of Local Registrar)(No. 711) (St. 7th) (Ward)(2) Full Name of Child. W. Lee Peyer If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy(4) Twin or Triplet? 1  
To be answered only in event of twins or triplets(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH March 6 19122  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charles Peyer(9) PRESENT POSTOFFICE OF FATHER Cole, S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE W.C.(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Lila Mae Wad(15) PRESENT POSTOFFICE OF MOTHER Cole, S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. Lee Peyer(24) State whether Physician or Midwife (25) Address of Physician or Midwife 1523 Academy St.

Given name added from a supplemental report

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Registrar

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

(27) Filed Apr. 1 19122 (28) W. Lee Peyer 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.

Before the fifth month of pregnancy.