

(1) PLACE OF BIRTH

County of Anderson
 Township of Williamson
 or
 Inc. Town of Kelzer
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

37103

Registration District No. 38Registered No. 157
(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

Lillian

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 Nov 9, 22
 (Name of Month) (Day) (Year)

FATHER.

(2) FULL NAME H. P. Hooper(3) PRESENT POSTOFFICE OF FATHER Pelzer St(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Ark(13) OCCUPATION free work(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Dora Grant(15) PRESENT POSTOFFICE OF MOTHER Pelzer St(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE Ark(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Dundy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Pelzer StGiven name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Nov 6, 22

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 sixth month of pregnancy.