

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Williamston  
 or  
 Inc. Town of Pelzer  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

Registration District No. 38Registered  
(For use of L)

(No. \_\_\_\_\_ St.; \_\_\_\_\_  
 (If birth occurs in a hospital or other institution, give name of same instead of street and

## (2) Full Name of Child

If child is not  
supplemental r

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept</u> (Name) (Month) (Day)
FATHER			MOTHER	
(8) FULL NAME <u>S. G. Taylor</u>			(14) NAME BEFORE MARRIAGE <u>Jessie Halcomb</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Pelzer SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pelzer SC</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>A. C.</u>			(18) BIRTHPLACE <u>Jackins County</u>	
(13) OCCUPATION <u>Wife Work</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. R. Study

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report(26) Witness \_\_\_\_\_  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Oct 9 1922 (28) W. R. Study Local Registrar\_\_\_\_\_, 19\_\_\_\_  
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.