

(1) PLACE OF BIRTH

County of *Anderson*  
Township of *Williamston*Inc. Town of *Pelzer*City of *Pelzer*

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

62959

Registration District No. *3-2*Registered No. *60*

(For use of Local Registrar)

St.: ..... Ward)

(2) Full Name of Child *Janie Lane*

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 Parent Married?

*yes*

(7) DATE OF BIRTH

*June 19 1916*

(Name of Month) (Day) (Year)

(8) FULL NAME

*Mac Lane*

(9) PRESENT POSTOFFICE OF FATHER

*Pelzer S.C.*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*40*

(Years)

(12) BIRTHPLACE

*Greenville S.C.*

(13) OCCUPATION

*mill work*

(14) NAME BEFORE MARRIAGE

*Dizzie Davis*

(15) PRESENT POSTOFFICE OF MOTHER

*Pelzer S.C.*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*36*

(Years)

(18) BIRTHPLACE

*Greenville S.C.*

(19) OCCUPATION

*domestic*

(20) Number of children born to mother, including present birth

*10*

(21) Number of children of this mother now living, including present birth

*10*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9 A* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*W. J. Mosher*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Pelzer 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 *July 9 1916*(28) *J. J. Mosher, 3rd*

Registrar

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.

SEALING DISCLOSED. FURTHER PRINTING.  
WHICH PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McGaw, of Columbia.