

(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

File No.—For State Registrar Only
62968

Registration District No. 3-D Registered No. 64
(For use of Local Registrar)

(2) Full Name of Child Ramon E. ... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH July 21 1916
To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Hodge Garrison
(9) PRESENT POSTOFFICE OF FATHER Pelzer S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Anderson County
(13) OCCUPATION Mill work
(14) Number of children born to mother, including present birth Three

MOTHER.
(14) NAME BEFORE MARRIAGE Ellie Samuel
(15) PRESENT POSTOFFICE OF MOTHER Pelzer S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)
(18) BIRTHPLACE Williamston S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W.R. Duddy

(24) State whether Physician or Midwife A.D. (25) Address of Physician or Midwife Pelzer S.C.

Given name added from a supplemental report
....., 191.....
Registrar

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

(27) Filed July 9 1916 (28) Francis Pelzer 3rd 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.

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MADE BY THE REGISTERAR. IN THE STATE OF SOUTH CAROLINA. THIS FORM IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, COLUMBIA, S. C. IN THE MONTH OF JULY, 1916. THE REGISTERAR SHALL BE RESPONSIBLE FOR THE CORRECTNESS OF THE INFORMATION FURNISHED HEREON. THE REGISTERAR SHALL BE RESPONSIBLE FOR THE CORRECTNESS OF THE INFORMATION FURNISHED HEREON. THE REGISTERAR SHALL BE RESPONSIBLE FOR THE CORRECTNESS OF THE INFORMATION FURNISHED HEREON.