

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
62968

County of AndersonTownship of Williamstonor
Inc. Town of Pelzer

City of

Registration District No. 3-D Registered No. 64
 (For use of Local Registrar)(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 Ramon E. [unclear] If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u> </u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 24</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.(8) FULL NAME Hodge Garrison(9) PRESENT POSTOFFICE OF FATHER Pelzer SC(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 Hammond(15) PRESENT POSTOFFICE OF MOTHER Pelzer SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Williamston SC(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. Dandy(24) State whether Physician or Midwife (25) Address of Physician or Midwife A. D. Pelzer SC

Given name added from a supplemental report

, 1916, 1916

Registrar

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

(27) Filed July 9 1916 (28) Francis J. 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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