

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

| (1) PLACE OF BIRTH  |   | CERTIFICATE OF BIRTH   |   | File No.—For State Registrar Only                                 |  |
|---|---|--|---|---|--|
| County of <u>Anderson</u>   |   | STATE OF SOUTH CAROLINA<br>Bureau of Vital Statistics<br>State Board of Health |   | 179   |  |
| Township of <u>Williamston</u>  |   | Registration District No. <u>32</u>  |   | Registered No. <u>13</u><br>(For use of Local Registrar)          |  |
| City of <u>Pelzer</u>   |   | (No. <u>      </u> St. <u>      </u> Ward <u>      </u> )                      |   | If child is not yet named, make supplemental report as directed   |  |
| (2) Full Name of Child <u>      </u>  |   |  |   |   |  |
| (3) BOY OR GIRL <u>Girl</u>   | (4) Twin or Triplet? <u>—</u><br>To be answered only in case of Twins or Triplets | (5) Number in order of birth <u>6</u>  | (6) Are Parents Married? <u>Yes</u>   | (7) DATE OF BIRTH <u>Jan 4 22</u><br>(Name of Month) (Day) (Year) |  |
| FATHER.   |   |  | MOTHER.   |   |  |
| (8) FULL NAME <u>Charlie Garner</u>   |   |  | (14) NAME BEFORE MARRIAGE <u>Dartha Poyer</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>32</u><br>(Year)   |   |  | (17) AGE AT LAST BIRTHDAY <u>25</u><br>(Year)   |   |  |
| (12) BIRTHPLACE <u>Tenn</u>   |   |  | (18) BIRTHPLACE <u>Tenn</u>   |   |  |
| (13) OCCUPATION <u>Mill work</u>  |   |  | (19) OCCUPATION <u>Domestic</u>   |   |  |
| (20) Number of children born to mother, including present birth <u>6</u>  |   |  | (21) Number of children of this mother now living, including present birth <u>6</u>   |   |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE   |   |  |   |   |  |
| (22) I hereby certify that I attended the birth of this child, who was <u>White</u> at <u>10:30 P.</u> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)   |   |  |   |   |  |
| (23) (Signature) <u>W. R. Dandy</u>   |   |  |   |   |  |
| (24) State whether Physician or Midwife   |   |  |   |   |  |
| (25) Address of Physician or Midwife <u>Pelzer SC</u>   |   |  |   |   |  |
| Given name added from a supplemental report   |   |  | (26) Witness (Signature of Witness necessary only when question 25 is signed by mark) |   |  |
| ..... 13 Registrar  |   |  | (27) Filed <u>Jan 7 6 22</u>  |   |  |
|   |   |  | (28) Local Registrar <u>W. R. Dandy</u>   |   |  |
| When there was no attending physician or midwife, 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. |   |  |   |   |  |

MADE BY COLUMN, COLUMBIA, S. C.