

(1) PLACE OF BIRTH

County of Anderson
 Township of Bellevue
 Inc. Town of Pelzer S.C.
 or
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

File No.—For State Registrar Only
71221

Registration District No. 3-D Registered No. 84
 (For use of Local Registrar)

(2) Full Name of Child Annie Bell Meubom } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parent Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 15, 1916</u> (Name of Month) (Day) (Year)
FATHER			MOTHER.	
(8) FULL NAME <u>Laver R. Meubom</u>	(14) NAME BEFORE MARRIAGE <u>Clora L. Mulaps</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>El Paso Texas</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Pelzer S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>15</u> (Years)	
(12) BIRTHPLACE <u>Georgia</u>	(18) BIRTHPLACE <u>Alabama</u>			
(13) OCCUPATION <u>Mill work</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth } <u>1</u>	(21) Number of children of this mother now living, including present birth } <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Motley
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife 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 Sept. 10, 1916 (28) Francis J. Baker, Jr. 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.

U.S. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE REPORT FOR EACH CHILD, AND WRITE THE FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 1. McCraw of Columbia.