

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN 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 4.

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Asheville
 or
 Inc. Town of Pelzer
 or
 City of

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

Registration District No. 29

No. for State Register File
30014

Registered No. 186
 (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 Turner McCall Pelzer
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Date of Birth Oct 22 1923
 (5) Time of Birth 11:30 (6) Place of Birth Pelzer

FATHER: (10) Full Name Alvin McCall (14) Name before Marriage May Sargent
 (11) Present Postoffice of Father Pelzer (15) Present Postoffice of Mother Pelzer

(12) Color of Hair White (13) Age at Last Birthday 35 (16) Color of Hair White (17) Age at Last Birthday 35

(18) Birthplace SC (19) Birthplace SC

(20) Occupation mill work (21) Occupation domestic

(22) Number of children born to mother, including present birth 7 (23) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child on the date above stated.

(25) (Signature) M. A. McCall (26) Name of Physician or Midwife M. A. McCall

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(28) Local Registrar Pelzer

When child is born, householder, etc. should make this return. No report is desired of stillborns.