

(1) PLACE OF BIRTH

County of BerkeleyTownship of Camden

OF

Inc. Town of

OF

City of

(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

20013

Registration District No. 128 Registered No. 66

(For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>July 2, 1923</u> (Name, Month, Day, Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Charlie Pegler</u>			(14) NAME BEFORE MARRIAGE <u>Eva Singletary</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greensboro, N.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cross, N.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Berkeley Co.</u>			(18) BIRTHPLACE <u>Berkeley Co.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>two</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive or stillborn at 10:40 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Mrs. Rachel Moore(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cross, N.C.

(Given name added from a supplemental report)

(26) Witness Killie Cross (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 28, 1923 (28) D. W. Cross 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.