

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Wilkesboro
 Inc. Town of Felzer
 City of _____

CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only
12769

Registration District No. 38Registered No. 60
(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

If child is not yet named, make
 supplemental report as directed

3. SEX OR GAWL Male (1) Twin or Triplet? No (2) Number in order of birth 2 (3) Are Parents Married? Yes (4) DATE OF BIRTH May 11, 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

4. FULL NAME E. D. Bergman5. PRESENT POSTOFFICE OF FATHER Pelzer6. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
(Year)7. BIRTHPLACE Wilkesboro8. OCCUPATION Mill Work9. Number of children born to mother, including present birth 2

MOTHER.

12. NAME BEFORE MARRIAGE Earl R Folles13. PRESENT POSTOFFICE OF MOTHER Pelzer14. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(Year)15. BIRTHPLACE Waverly16. OCCUPATION Waverly18. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 101 12 - 1

Given name added from a supplement-
 al report

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

(27) Filed June 7, 23 (28) [Signature] Local Registrar

19 _____
 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.