

(1) PLACE OF BIRTH
 County of Anderson
 Township of Williamston
 or
 Inc. Town of Pelzer
 or
 City of _____

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

File No.—For State Registrar Only
62957

Registration District No. 3-D Registered No. 58
 (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) BOY OR GIRL? girl (4) Twin or Triplet? ✓ (5) Number in order of birth 2nd (6) Are Parents Married? ✓ (7) DATE OF BIRTH June 18 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME William S Davis
 (9) PRESENT POSTOFFICE OF FATHER Dunbar 86
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Years)
 (12) BIRTHPLACE Granberry County 86
 (13) OCCUPATION mill work
 (20) Number of children born to mother, including present birth Two

MOTHER.
 (14) NAME BEFORE MARRIAGE Amanda Chandler
 (15) PRESENT POSTOFFICE OF MOTHER Pelzer 56
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Prokims County 86
 (19) OCCUPATION Domestic
 (21) 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 alive at 2 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Dandy
 (24) State whether Physician or Midwife M. D. (25) Address of Physician or Midwife Pelzer 56

Given name added from a supplemental report _____
 _____, 191____
 Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 9 1916 (28) Francis J. Pelzer 3rd 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.

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THIS IS A PRELIMINARY STATEMENT OF FACTS. IT IS NOT A GUARANTEE OF THE ACCURACY OF THE INFORMATION CONTAINED HEREIN. THE INFORMATION CONTAINED HEREIN IS FOR OFFICIAL USE ONLY. IT IS NOT TO BE RELEASED TO THE PUBLIC.