

(1) PLACE OF BIRTH  
County of Anderson  
Township of Williamston  
or  
Inc. Town of Pelzer  
or  
City of (No.)

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)  
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? (No.) (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 18 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William S Davis  
(9) PRESENT POSTOFFICE OF FATHER Pelzer S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Years)  
(12) BIRTHPLACE Charlottesville County S.C.  
(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 S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE Robinson County S.C.  
(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. Dwyer

(24) State whether Physician or Midwife (25) Address of Physician or Midwife A. D. 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 July 9 1916 (28) Darius 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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