CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
47904

County of Anderson

Township of .....

or

Inc. Town of ..... Registration District No. 3A Registered No. 60
(For use of Local Registrar)

or

City of Anderson (No. Marshall St. 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. Mabel Pelfrey — If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? Girl

(4) Twin or Triplet? — To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan. 15, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William S. Pelfrey

(9) PRESENT POSTOFFICE OF FATHER Iva

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Ga

(13) OCCUPATION Mill

(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Milner

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Ga

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

Feb 1 23-49 (23) (Signature) H. Hammond

(24) State whether Physician or Midwife: M. D.

(25) Address of Physician or Midwife

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 ....5..... 191.6 (28) S. A. Crayton
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.

Registrar I — Local Registrar

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MARKIN TERMINEVILLE, POST MINEOLA.
WHITE FAMILY, WITH UNFADING INK—THIS IS A REMEMBRANCE RECORD.
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc., in question 5.
McCaw, of Columbia.