

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

City of Williamston

(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

Registration District No. 3-C

File No.—For State Registrar Only

6379

Registered No. 12
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Max Leland Peterson

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? No
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

BIRTH March 17 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

M. L. Peterson

(9) PRESENT POSTOFFICE OF FATHER

Williamston, SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25
(Year)

(12) BIRTHPLACE

Anderson Co, SC

(13) OCCUPATION

Merchant

MOTHER.

(14) NAME BEFORE MARRIAGE

Ann Marie McKinney

(15) PRESENT POSTOFFICE OF MOTHER

Williamston, SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26
(Year)

(18) BIRTHPLACE

Anderson Co SC

(19) OCCUPATION

Housewife

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Dr. Mark L. Peterson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Williamston, SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

4-619 22

(28)

B. F. Russell

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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