

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Charleston

(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

File No. — For State Register No. **41332**

Registration District No. **9 A**

Registered No. **1996**

(For use of Local Registrar)

(2) Full Name of Child Robert Eli Lee Elderton Jr.

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE BIRTH Dec. 26, 1922

FATHER.

(8) FULL NAME Robert Eli Lee Elderton

(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Charleston, S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(15) NAME BEFORE MARRIAGE Mrs. Lillian Drog

(16) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.

(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 12 (Years)

(19) BIRTHPLACE Charleston, S.C.

(20) OCCUPATION Wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature) Physician (24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Charleston, S.C.

Given name added from a supplemental report

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

(27) Filed 1/4 (28) 1923

Registrar

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.