

(1) PLACE OF BIRTH

County of Aiken

Township of Langley

or  
Inc. Town of Langley

City of Langley

(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 Registrar Only  
**37008**

Registration District No. 2179 Registered No. 1117  
(For use of Local Registrar)

2) Full Name of Child Elberta Altman } If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 20, 1922  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Lester Pittman

(9) PRESENT POSTOFFICE OF FATHER Langley S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Edgefield Co S.C.

(13) OCCUPATION Textile

(14) Number of children born to mother, including present birth 3

**MOTHER.**

(15) NAME BEFORE MARRIAGE Marrie Bell Knice

(16) PRESENT POSTOFFICE OF MOTHER Langley S.C.

(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 27 (Years)

(19) BIRTHPLACE Aiken Co S.C.

(20) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Hour A. M. or P. M.) 3 A.M.  
on the date above stated.

(23) (Signature) M. M. DeCamp

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Langley 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 Nov. 25, 1922 (28) L. W. Stradley Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. \*  
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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