

## (1) PLACE OF BIRTH

County of Florence  
 Township of Laurel  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18621

Registration District No. 2009 Registered No. 38  
 (For use of Local Registrar)

(No. .... 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 Elva McWhirry Cade If child is not yet named, make supplemental report as directed

(3) SEX Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 19 1922  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Albert J. Cade  
 (9) PRESENT POSTOFFICE OF FATHER Laurel City SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE SC

## MOTHER

(14) NAME BEFORE MARRIAGE Margaret Ringman  
 (15) PRESENT POSTOFFICE OF MOTHER Laurel City SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Housewife  
 (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 Elva at 10:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Foster(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Laurel City SC

Given name added from a supplemental report

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

(27) Filed 6/18/22 (28) J. C. Foster 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.