

(1) PLACE OF BIRTH

County of GreenvilleTownship of GreenvilleOR
Inc. Town ofCity of Greenville(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. 28-7th St. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 34830 - For State Register

34830

Registration District No. 2209A Registered No. 428

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Male(4) Male
To be entered only in case of Twins or Triplets(5) Number in order of birth 4(6) Are Parents Married Yes(7) DATE OF BIRTH 9/13 (Month) 10 (Day) 20 (Year)

FATHER.

(8) FULL NAME Wm. Thos. Elliott

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ann W. Long

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Tept.(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Mark A, B, or C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, or other letter or symbol) on the date above stated.(23) (Signature) Phyllis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Oct 15 27 (28) A. H. Mack 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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