

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH INK IN UPPER CASE. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, FILL IN SEPARATE BLANKS FOR EACH CHILD AND MARK THE DISTENDING ONE AS THE FIRST BORN. ANSWER ALL QUESTIONS.

(1) PLACE OF BIRTH County of <u>Chester</u> Township of <u>Lewisville</u> or Inc. Town of City of		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 741	
Registration District No. <u>1106</u>		Registered No. <u>6</u>		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)			
(2) Full Name of Child <u>Elgie Stroud</u>		[If child is not yet named, make supplemental report as directed]			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(6) Number in order of birth <u>3</u>	(5) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 23 1922</u> (Name of Month) (Day) (Year)	
FATHER. (8) FULL NAME <u>W. A. Stroud</u> (9) PRESENT POSTOFFICE OF FATHER <u>Richburg S.C.</u> (10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>26</u> (12) BIRTHPLACE <u>Charlottesville</u> (13) OCCUPATION <u>Farm Laborer</u> (20) Number of children born to mother, including present birth <u>3</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Sonia Wallbrook</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Richburg S.C.</u> (16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>27</u> (18) BIRTHPLACE <u>Charlottesville</u> (19) OCCUPATION <u>Farm Laborer</u> (21) Number of children of this mother now living, including present birth <u>3</u>		
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>6 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)					
(23) (Signature) <u>Alfred</u>		(24) State whether Physician or Midwife <u>Midwife</u>			
(25) Address of Physician or Midwife <u>Richburg S.C.</u>					
Given name added from a supplemental report		(26) Witness <u>J. W. Anderson</u> (Signature of Witness necessary only when question 23 is signed by mother)			
(27) Filed <u>Jan 31 1922</u>		(28) Local Registrar <u>J. S. Hall</u>			
*When there was no attending physician or midwife, 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.					