

(1) PLACE OF BIRTH

County of Horry
 Township of Laurel
 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
28313

Registration District No. 209 Registered No. 108
 (For use of Local Registrar)
 (No. St. Ward)

(2) Full Name of Child Elwase Poston
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>6</u>	(6) Age Parent Married <u>yes</u>	(7) DATE OF BIRTH <u>Sept '6</u> <u>1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>L. E. Poston</u>			(14) NAME BEFORE MARRIAGE <u>Latitia M. Mena</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Myman S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Myman S.C.</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>Myman S.C.</u>			(18) BIRTHPLACE <u>Savage S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. S. Lynch M.D.
 (24) State whether Physician or Midwife Address of Physician or Midwife
Rock City S.C.

Given name added from a supplemental report
Janis Finney
Dec 18 1923
 Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
9/28/23 R. L. Cantin
 (27) Filed 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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