

(1) PLACE OF BIRTH

County of *Kershaw*Township of *Water*Inc. Town of *Blenny, S.C.*City of *Blenny, S.C.*

(If birth occurs in a hospital or 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

43124

Registration District No. *204*Registered No.
(For use of Local Registrar)

(2) Full Name of Child

Elaine Ross

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

(3) SEX OR
CHARACTER*Girl*(4) Twin
or Triplet*No*(5) Number in
order of birth*1*(6) Are
Parents
Married*Yes*(7) DATE OF
BIRTH*2-27-23*

(Name of Month) (Day) (Year)

(8) FULL
NAME*Elaine H. Ross*(9) PRESENT
POSTOFFICE
OF FATHER*Columbia S.C.*(10) COLOR
OR
RACE*White*(11) AGE AT LAST
BIRTHDAY*27*

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Shipping Clerk(14) Number of children born to
mother, including present birth*3*(14) NAME BEFORE
MARRIAGE*Gertrude Evans*(15) PRESENT
POSTOFFICE
OF MOTHER*Columbia S.C.*(16) COLOR
OR
RACE*White*(17) AGE AT LAST
BIRTHDAY*27*

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Home Duties(20) Number of children of this mother
now living, including present birth*3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *Alive* at *10:20* A.M.,
on the day above stated.*See op. 10:20*

(22) (Signature)

W. D. Gregory

(23) State whether Physician or Midwife

Physician

(24) Address of Physician or Midwife

*Blenny, S.C.*Given name added from a supplement-
tal report

(25) Witness

(Signature of Witness necessary only
when question 25 is signed by mark)

(26) Filed

Feb 28 1923

(27) Local Registrar

*W. D. Gregory**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.*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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before the fifth month of pregnancy.