

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Florence
 Township of _____
 or
 Inc. Town of _____ Registration District No. 20-A Registered No. 19
 or
 City of Florence (No. 307 W. Chessa St.; 4 Ward)
 (If birth occurs in a hospital or other 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
45164

(2) Full Name of Child. Elbridge Howard Franklin Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> <small>to be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 25 1916</u> <small>(Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Elbridge Howard Franklin</u>	(14) NAME BEFORE MARRIAGE <u>Alma Christensen Dresback</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Florence S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Florence S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Jolly, Ga.</u>	(18) BIRTHPLACE <u>Atlanta, Ga.</u>			
(13) OCCUPATION <u>Optician</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at _____ S. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 5:30 P.

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Florence S.C.

Given name added from a supplemental report _____ 191...
 Registrar _____

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

(27) Filed Jan 30 1916 (28) C. C. Craft, M.D.
 Registrar 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
 reported as stillborn. No fifth month of pregnancy.