No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
12766

(1) PLACE OF BIRTH

County of Colleton

Township of
or
Inc. Town of
or
City of

Registration District No. 3404 Registered No. 23
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Nathaniel Elkhurst (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? boy

(4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH March 24 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elexiphus

(9) PRESENT POSTOFFICE OF FATHER Ruffin

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION farming

(20) Number of children born to mother, including present birth 1 one

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Rogers

(15) PRESENT POSTOFFICE OF MOTHER Ruffin

(16) COLOR OR RACE col

(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth 1 one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Thelbert Rivers midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Ruffin

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Apr. 25 1922 (28) D. J. Jester
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.

N. B.—In case of TWINS OR TRIPLETS use a separate sheet for each child, giving number in order of birth, in answer to question 5.
PRINT-BLOCK, No. 1. THE OFFICIAL, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.