

| (1) PLACE OF BIRTH  |   | CERTIFICATE OF BIRTH                  |   | File No.—For State Registrar Only                                     |  |
|---|---|---------------------------------------|---|---|--|
| County of <u>Horry</u>  |   | STATE OF SOUTH CAROLINA               |   | 90395   |  |
| Township of <u>Hoycks</u>   |   | Bureau of Vital Statistics            |   |   |  |
| or  |   | State Board of Health                 |   |   |  |
| Inc. Town of  |   | Registration District No. <u>2508</u> |   | Registered No. <u>125</u>   |  |
| or  |   |                                       |   | (For use of Local Registrar)  |  |
| City of   |   | (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 <u>Nelson Woodrow Elliott</u> [If child is not yet named, make supplemental report as directed]  |   |                                       |   |   |  |
| (3) BOY OR GIRL <u>Boy</u>  | (4) Twin or Triplet? <u>No</u><br>To be answered only in event of Twins or Triplets | (5) Number in order of birth          | (6) Are Parents Married? <u>Married</u>   | (7) DATE OF BIRTH <u>Dec 25, 1916</u><br>(Name of Month) (Day) (Year) |  |
| FATHER  |   |                                       | MOTHER.   |   |  |
| (8) FULL NAME <u>Charley Elliott</u>  |   |                                       | (14) NAME BEFORE MARRIAGE <u>Deara Elliott</u>  |   |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Nichols SC</u>  |   |                                       | (15) PRESENT POSTOFFICE OF MOTHER <u>Nichols SC</u>   |   |  |
| (10) COLOR OR RACE <u>White</u>   |   |                                       | (16) COLOR OR RACE <u>White</u>   |   |  |
| (11) AGE AT LAST BIRTHDAY <u>38</u><br>(Years)  |   |                                       | (17) AGE AT LAST BIRTHDAY <u>24</u><br>(Years)  |   |  |
| (12) BIRTHPLACE <u>Horry Co S.C.</u>  |   |                                       | (18) BIRTHPLACE <u>Marion Co SC</u>   |   |  |
| (13) OCCUPATION <u>Farmer</u>   |   |                                       | (19) OCCUPATION <u>Housewife</u>  |   |  |
| (20) Number of children born to mother, including present birth <u>5</u>  |   |                                       | (21) Number of children of this mother now living, including present birth <u>5</u>                             |   |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  |   |                                       |   |   |  |
| (22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>11:50</u> P. M. on the date above stated.<br>(Some live or stillborn) (Hour A. M. or P. M.) |   |                                       |   |   |  |
| (23) (Signature) <u>M. A. McDaniel</u>  |   |                                       |   |   |  |
| (24) State whether Physician or Midwife   |   |                                       |   |   |  |
| (25) Address of Physician or Midwife <u>Nichols SC</u>  |   |                                       |   |   |  |
| Given name added from a supplemental report   |   |                                       | (26) Witness <u>Charley Elliott</u><br>(Signature of Witness necessary only when question 23 is signed by mark) |   |  |
| 19 <u>1916</u> Registrar  |   |                                       | (27) Filed <u>12-30-16</u> (28) <u>M. M. Grant</u> 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.