

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

(City of

(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

4850

Registration District No. 364

Registered No. 6

(For use of Local Registrar)

## (2) Full Name of Child

Marion M. Elfs

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

3) BOY OR GIRL

Boy

(4) Twin or Triplet  
To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

July 8, 1923  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

Marion Elfs

9) PRESENT POSTOFFICE OF FATHER

Changburg

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

30  
(Year)

12) BIRTHPLACE

Changburg Co.

13) OCCUPATION

Farmer

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Anna M. Elfs

(15) PRESENT POSTOFFICE OF MOTHER

Changburg

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

30  
(Year)

(18) BIRTHPLACE

Changburg Co.

(19) OCCUPATION

House wife

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 2/14, 1923

(28) W. W. Queen

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.

WRITE PLAINLY, WITH INK, AND IN A PERMANENT RECORD. 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 3.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.