

(1) PLACE OF BIRTH

County of Laurens

Township of

Inc. Town of Laurens
or

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

7501

Registration District No. 28aRegistered No. 14

(For use of Local Registrar)

(2) Full Name of Child Mary Elanore

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

(1) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplet

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan. 28 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Oscar D. Elanore

(9) PRESENT POSTOFFICE OF FATHER

Laurens S.C.(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY

28
(Years)

(12) BIRTHPLACE

Laurens Co. S.C.

(13) OCCUPATION

Textile Operative

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

3

MOTHER

(14) NAME BEFORE MARRIAGE

Mary Elanore

(15) PRESENT POSTOFFICE OF MOTHER

Laurens S.C.(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

Laurens Co. S.C.

(19) OCCUPATION

Textile Operative

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:11 M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianLaurens 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. 29 1923

(28)

J. T. Elanore

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.

If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.