

Form No. 3

(1) PLACE OF BIRTH

County of Cherokee
 Township of Cherokee
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13533

Registration District No. 1301 Registered No. 17
 (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 Eda Kathryn Elliott (If child is not yet named, make supplemental report as directed)

3 SEX OR girl 4 Twin or Triplet No 5 Number in order of birth 6 6 Are Parents Married Yes 7 DATE OF BIRTH Feb 25 1921
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME George Elliott
 9 PRESENT POSTOFFICE OF FATHER Cherokee
 10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 37
 (Year)
 12 BIRTHPLACE

13 OCCUPATION Farmer

14 Number of children born to mother, including present birth 6

MOTHER.

14 NAME BEFORE MARRIAGE Amie Sue Britton
 15 PRESENT POSTOFFICE OF MOTHER Cherokee
 16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 28
 (Year)
 18 BIRTHPLACE

19 OCCUPATION Housewife
 20 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 2:55 PM
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(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 June 12 1923 (28) C. S. Quinn 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.