

Form No. 1

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Pendleton  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40876

Registration District No. 310Registered No. 118  
(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 Elvin Lee Whitten

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 31, 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>R. W. Whitten</u>			(14) NAME BEFORE MARRIAGE <u>Lucie Ward</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Pendleton, S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pendleton, S. C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>Anderson Co.</u>			(18) BIRTHPLACE <u>Oconee Co. S. C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>Six</u>			(21) Number of children of this mother now living, including present birth <u>Five</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Mrs. W. F. Durham  
 (24) State whether Physician or Midwife 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 Jan 8, 1923 (28) H. W. Seawright  
 Registrar 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.

Record of Columbia, Columbia, S. C.