

(1) PLACE OF BIRTH

County of *Lexington*
 Township of *Lexington*
 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
8363

Registration District No. *3109* Registered No. *1*
 (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

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>January 1st 1922</i> (Name of Month) (Day) (Year)
FATHER (8) FULL NAME <i>George Washington Elders</i>			MOTHER (14) NAME BEFORE MARRIAGE <i>Retha Marsh</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>New Brookland S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>New Brookland S.C.</i>	
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>47</i> (Years)	(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY <i>44</i> (Years)	
(12) BIRTHPLACE <i>Richland Co. S.C.</i>			(18) BIRTHPLACE <i>Richland Co. S.C.</i>	
(13) OCCUPATION <i>Miner</i>			(19) OCCUPATION <i>Home</i>	
(20) Number of children born to mother, including present birth <i>17</i>			(21) Number of children of this mother now living, including present birth <i>13</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated. *January 1st 1922*

(23) (Signature) *J. H. Ingram, M.D.*

(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Lexington S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Jan. 23 1922* (28) *Gas D. Taylor*
 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.

21. A. A. WILLIAMS OF CHARLOTTE, N. C. IT MUST NOT BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF A CHILD BEFORE THE FIFTH MONTH OF PREGNANCY.