

## (1) PLACE OF BIRTH

County of James

Township of .....

Inc. Town of .....

City of Levens

(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

No. for State Registrar Only

40184

Registration District No. 20-ARegistered No. 394  
(For use of Local Registrar)(No. 501 E Palmetto St.)

Ward

(2) Full Name of Child Earnest Carter Elliott

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

3) BOY OR GIRL <u>boy</u>	4) Twin or Triplet To be covered only in case of Twin or Triplet	5) Number in order of birth	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>Dec 2, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

8) FULL NAME Earnest Mitchell Elliott9) PRESENT POSTOFFICE OF FATHER Levens SC10) COLOR OR RACE w 11) AGE AT LAST BIRTHDAY 20  
(Year)12) BIRTHPLACE Jamesville Ga13) OCCUPATION auto mechanic

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

## MOTHER.

14) NAME BEFORE MARRIAGE Evelyn Carter15) PRESENT POSTOFFICE OF MOTHER Levens SC16) COLOR OR RACE w 17) AGE AT LAST BIRTHDAY 18  
(Year)18) BIRTHPLACE Jamesville SC19) OCCUPATION Teacher

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:23 p.m.  
on the date above stated. (Hour M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife [Address]

(Given name added from a supplemental report)

(26) Witness .....  
(Signature of Witness necessary only when question 3 is signed by mark)(27) Filed 12-15-1923 (28) P.H. Pugh, M.D.  
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.

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