

(1) PLACE OF BIRTH

County of Leflore
 Township of Conroe
 or
 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

8339

Registration District No 3145Registered No. 15
(For use of Local Registrar)St. _____ Ward) _____
(No. _____)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Frances Elmore

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

(3) BOY OR GIRL <u>girl</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>Feb. 21, 1922</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(9) FULL NAME <u>John Elmore</u>			(14) NAME BEFORE MARRIAGE <u>Ilean Smith</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>New Brookland St</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>New Brookland St</u>	
(11) COLOR OR RACE <u>colored</u>			(17) AGE AT LAST BIRTHDAY <u>30</u> (Year)	
(12) BIRTHPLACE <u>Leflore Co.</u>			(18) BIRTHPLACE <u>Akin SC</u>	
(13) OCCUPATION <u>probabil work</u>			(19) OCCUPATION <u>house wife</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Michael Elmore
 (24) Name of Mother New Brookland St (25) Address of Physician or Midwife

Given name: initials from: or supplemental (all report)

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

(27) File 314 22 (28) J. C. Lybrand
Legal Registrar

When there was no attending physician or midwife, then the father, householder, etc. should make this return.
 If a child is born even once, it must not be reported as a stillbirth. No report is desired of stillbirths before the fifth month of pregnancy.

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