

16 093403

Standard Certificate of Birth

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

Registration District No. 13-A

FILE No.—For State Registrar Only

03874

Registered No.
(For use of Local Registrar)

1. PLACE OF BIRTH

County of CLarendon

Township of

or

Inc. Town of

or

City of MANNING

(If birth occurs in a hospital or other institution, give name of same instead of street and number) (No. St.; Ward)

2. FULL NAME OF CHILD VASH TI ELMORE

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

3. Boy or Girl <u>girl</u>	If Plural births	4. Twin, triplet or other	6. Premature	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>Oct 20</u> , 19 <u>16</u> (Month, day, year)
		5. Number, in order of birth	Full term <u>yes</u>		

9. Full name LUCIUS EDWARD ELMORE
FATHER

10. Residence (mailing address)
(If non-resident, give place and State) Ades, S.C.

18. Name before marriage BENJAH OPHELIA PAYNE
MOTHER

19. Residence (mailing address)
(If non-resident, give place and State) Ades, S.C.

11. Color or race white. Age at child's birth 46 (years)

20. Color or race white. Age at child's birth 38 (years)

13. Birthplace (city or place) Ades, S.C.
(State or country)

22. Birthplace (city or place) Ades, S.C.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House Keeper

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work X 19.....

17. Total time (years) spent in this work X

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 5 (b) Born alive but now dead X (c) Stillborn 3

28. If stillborn, period of gestation X { months weeks } 29. Cause of stillbirth X { Before labor. During labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 9: A.m. on the date above stated.

(Signed) Mrs. L. E. Elmore Parent
or, Guardian

Address

Filed Jan. 16, 1916 M.B. Woodward, M.D.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1-8-43