

16 093403

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. 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 _____)

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)2. FULL NAME OF CHILD VASHI 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	5. Number, in order of birth	6. Premature Full term <u>yes</u>	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>Oct 20</u> 19 <u>16</u> (Month, day, year)
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9. Full name FATHER
LUCIUS EDWARD ELMORE

10. Residence (mailing address)
(If non-resident, give place and State) Greenville, S.C.11. Color or race white 12. Age at child's birth 46 (years)13. Birthplace (city or place)
(State or country) Oates, S.C.14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc.16. Date (month and year) last
engaged in this work X 191617. Total time (years)
spent in this work X18. Name before marriage MOTHER
BENJAH OPHELIA PARRELL19. Residence (mailing address)
(If non-resident, give place and State) Arcola, S.C.20. Color or race white 21. Age at child's birth 38 (years)22. Birthplace (city or place)
(State or country) Cypress, S.C.23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. House Keeper24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.25. Date (month and year) last
engaged in this work X 191626. Total time (years)
spent in this work27. 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 328. 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 1917 M.B. Woodward, M.D.
Registrar.

Registrar.