

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

File No.—For State Registrar Only

92762

(1) PLACE OF BIRTH

County of SpokaneTownship of D.S.

Inc. Town of.....

City of.....

Registration District No. 4000.9Registered No. 2
(For use of Local Registrar)

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

(2) Full Name of Child Delore Elder

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 31 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Johnny Elders (14) NAME BEFORE MARRIAGE Essie Deay(9) PRESENT POSTOFFICE OF FATHER Immune SC 23 (15) PRESENT POSTOFFICE OF MOTHER Immune SC 23(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28(12) BIRTHPLACE SC (18) BIRTHPLACE SC(13) OCCUPATION Forming (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. Moore

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Immune SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 16 1917(28) J. C. Moore 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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