

(1) PLACE OF BIRTH

County of SpencerTownship of Effinghamor
Inc. Town of

City of

(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

File No.—For State Registrar Only

52162

Registration District No. 2004 Registered No. 7
(For use of Local Registrar)(2) Full Name of Child. Elsie May Elmore 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 May 22, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wright Elmore(9) PRESENT POSTOFFICE OF FATHER Wilmington, N.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Darlington Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Barrie Mason(15) PRESENT POSTOFFICE OF MOTHER Wilmington, N.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Darlington Co(19) OCCUPATION Housekeeper(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 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. C. Greer(24) State whether Physician or Midwife (25) Address of Physician or Midwife W. C. Greer

Given name added from a supplemental report

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Registrar

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

(27) Filed April 1, 1915 (28) D. C. Nees 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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