

## (1) PLACE OF BIRTH

County of LancasterTownship of Little Creek

Inc. Town of .....

City of .....

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

2) Full Name of Child Elizabeth Ann's Row

File No.—For State Registrar Only

436-23

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 284Registered No. 23  
(For use of Local Registrar)BOY OR  
GIRL? 13(4) Twin  
or Triplet?(5) Number in  
order of birth

(to be completed only in case of twins or triplets)

(6) Are  
Parents  
Married? 14(7) DATE OF  
BIRTH Feb 11 1914  
(Name of Month) (Day) (Year)

## FATHER.

NAME  
FATHER Edgar RowPRESENT  
POSTOFFICE  
FATHER LancasterAGE  
FATHER 39(11) AGE AT LAST  
BIRTHDAY 39  
(Years)

BIRTHPLACE

OCCUPATION

Number of children born to  
including present birth 4

## MOTHER

(14) NAME BEFORE  
MARRIAGE Mary E. Jameson(15) PRESENT  
POSTOFFICE  
OF MOTHER Lancaster(16) COLOR  
OR  
RACE W (17) AGE AT LAST  
BIRTHDAY 42  
(Years)(18) BIRTHPLACE  
Lancaster Co(19) OCCUPATION  
Housewife(20) Number of children of this mother  
now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born at Lancaster on the date above stated. (Born alive or stillborn.)(22) (Signature) [Signature]

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife LancasterGiven name added from a signature  
on reportSignature of witness necessary only  
when question 23 is signed by markSignature of Registrar [Signature]

When there was no signature of the mother, the Registrar should make this return. If a child breathes even once before the