

## (1) PLACE OF BIRTH

County of Frederick

Township of .....

or

In Town of .....

or

City of Frederick

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

(2) Full Name of Child Elaine Marie☐ BOY OR GIRL Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH June 19, 1919  
(Name of Month) (Day) (Year)

## FATHER.

☐ FULL NAME Frederick☐ PRESENT POSTOFFICE OF FATHER Frederick☐ COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 45

(Years)

☐ BIRTHPLACE Frederick County, Md.☐ OCCUPATION Farmer☐ Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Elaine Scott(15) PRESENT POSTOFFICE OF MOTHER Frederick(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 33

(Years)

(18) BIRTHPLACE Frederick County, Md.(19) OCCUPATION Seamstress(21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:15 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Benjamin M. Hines(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Frederick, Md.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date June 22, 1919(28) C. C. Craft Local Registrar.

When there was no attending physician or midwife, 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 sixth month of pregnancy.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18542

Registration District No. 20-A Registered No. 189  
(For use of Local Registrar)(No. 1234 St. Queen Ward)

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