

(1) PLACE OF BIRTH

County of Florence
 Township of French
 or
 Inc. Town of.....
 or
 City of.....

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

File No.—For State Registrar Only

18640

Registration District No. 2010 Registered 42
 (For use of State Registrar)

(No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Elm Lucile Filyaw If child is not yet named, make supplemental report as directed

3. ☒ BOY ☐ GIRL Girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH June 26, 1922
 (Month) (Day) (Year)

FATHER.
 8. FULL NAME W. F. Filyaw
 9. PRESENT POSTOFFICE OF FATHER Cowards SC
 10. COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 50 (Years)
 12. BIRTHPLACE SC
 13. OCCUPATION Farmer
 14. Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Irene Careaway
 (15) PRESENT POSTOFFICE OF MOTHER Cowards SC
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated. (Born alive or stillborn? (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 8, 1922

(28)

E. L. Montgomery

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.