

Form No. 1.

## (1) PLACE OF BIRTH

County of

Township of

or  
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

91552

Registration District No. 38A

Registered No. 1630

(For use of Local Registrar)

City of Columbia

(No. 1310 Duane St.)

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

## (2) Full Name of Child

Elmgren, Laura

(3) BOY OR GIRL? ☒ Girl(4) Twin or Triplet? ☒ No

(5) Number in order of birth 3

(6) Are Parents Married? ☒ Yes(7) DATE OF BIRTH 12, 4, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

J. H. Elmgren

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE

Sweden

(13) OCCUPATION

offician

(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mrs. Sylvan

(15) PRESENT POSTOFFICE OF MOTHER

Columbia SC

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE

Ga

(19) OCCUPATION

(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 alive at 12:00 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M.D.

Columbia SC

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed 1/12/1917

(28)

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.

MARGIN RESERVED FOR BINDER. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.