

## (1) PLACE OF BIRTH

County of Henry  
 Township of Little Britain  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7113

Registration District No. 7507 Registered No. 22  
 (For use of Local Registrar)

(2) Full Name of Child Eler Dewitt (If child is not yet named, make supplemental report as directed)

(3) SEX-OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 3, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Ernest Dewitt</u>			(14) NAME BEFORE MARRIAGE <u>Martha Livingston</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hand, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hand, S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>12</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>Henry co. S.C.</u>			(18) BIRTHPLACE <u>Henry co. S.C.</u>	
(13) OCCUPATION <u>Labor</u>			(19) OCCUPATION <u>House Wife</u>	
(20) Number of children born to mother, including present birth <u>one</u>			(21) Number of children of this mother now living, including present birth <u>one</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Aline at 9:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bachelor Vaughn  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hand, S.C.

Given name added from a supplemental report

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

(27) Filed 3-5-1923 (28) B. Haskell Todd 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.