

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

17456

Registration District No. 1700

Registered No. 24
(For use of Local Registrar)

(2) Full Name of Child

Ely Black

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

3. Sex

Boy

(4) Twin or Triplet

No

(5) Number in order of birth

1

To be answered only in case of Twin or Triplet

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Mar 9 23

(Name of Month) (Day) (Year)

(8) FULL NAME

Elijah Black

(9) PRESENT POSTOFFICE OF FATHER

Ridgeway S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

24

(Years)

(12) BIRTHPLACE

So. Car.

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Lorenna Swinman

(15) PRESENT POSTOFFICE OF MOTHER

Ridgeway S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

So. Car.

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

alive

on the date above stated.

(23) (Signature)

Hannah Jenkins

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Ridgeway

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is marked "stillborn")

(27) Date

Mar 25 23

(28) Local Registrar

G. M. Shuster

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.