

(1) PLACE OF BIRTH

County of YorkTownship of Cotawhatchee

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.)

(2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(8) Are Parents Married?

(7) DATE OF

BIRTH. Feb 26, 22
(Name of Month) (Day) (Year)

(8) FULL NAME

Geo E. Elkins

FATHER.

(9) PRESENT POSTOFFICE OF FATHER

Brook Hills S.S. R# 2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24
(Years)

(12) BIRTHPLACE

York County

(13) OCCUPATION

Farmer

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Jennie Shugart

(15) PRESENT POSTOFFICE OF MOTHER

Brook Hills S.S. R# 2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25
(Year)

(18) BIRTHPLACE

York County

(19) OCCUPATION

Domestic

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3:30 M., on the date above stated. (born alive or stillborn) (Hour and 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)

19 Registrar

(27) Filed

8/21/22

19

(28)

J. J. J.

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.

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CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28372

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

(No. St.; Ward)

N. B.—In case of TWINS OR TRIPLETS, indicate the child's sex, and mark the first-born, No. 1, the other, No. 2, etc., in question 5.

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