

MARGIN RESERVED FOR BINDING.

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.

(1) PLACE OF BIRTH
 County of Horry
 Township of Lanham
 or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Registration District No. 2502

File No.—For State Registrar Only
77522

Registered No. 133
 (For use of Local Registrar)

(2) Full Name of Child Elvaine

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 3, 1916
To be answered only in event of Twins or Triplets
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Helifton Anderson
 (9) PRESENT POSTOFFICE OF FATHER Homewood SC
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22
(Years)
 (12) BIRTHPLACE Horry Co
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Do not know
 (15) PRESENT POSTOFFICE OF MOTHER Homewood SC
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18
(Years)
 (18) BIRTHPLACE Horry Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. M. Cook
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lanham

Given name added from a supplemental report

 _____, 19 _____
 Registrar

(26) Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 12, 1916 (28) J. D. ... 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.