

(1) PLACE OF BIRTH

County of York

Township of

or
Inc. Town ofor
City of Rock Hill

(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

75197

Registration District No. 44 BRegistered No. 15

(For use of Local Registrar)

(2) Full Name of Child

William Elberby

If child is not yet named, 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

(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug 29

(Name of Month) (Day)

FATHER.

(8) FULL NAME

Wm Elberby

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 42

(Years)

(12) BIRTHPLACE

SC.

(13) OCCUPATION

School

MOTHER.

(14) NAME BEFORE MARRIAGE

Hannah E

(15) PRESENT POSTOFFICE OF MOTHER

R. Hill(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 7

(Years)

(18) BIRTHPLACE

SC.

(19) OCCUPATION

School

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

5

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Caroline Stahl

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

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 9/11/1916(28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.

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.

McCaw, of Columbia.