

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar

75197

(1) PLACE OF BIRTH  
County of York

Township of .....

OR  
Inc. Town of .....

or  
City of Rock Hill

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registration District No. 44 B Registered No. 15  
(For use of Local Registrar)

(2) Full Name of Child William Elberly } If child is not yet named, supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 29  
To be answered only in event of Twins or Triplets (Name of Month) (Day)

### FATHER.

### MOTHER.

(8) FULL NAME Wm Elberly

(14) NAME BEFORE MARRIAGE Hannah E

(9) PRESENT POSTOFFICE OF FATHER Rock Hill

(15) PRESENT POSTOFFICE OF MOTHER R. Hill

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

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 7  
(Years)

(12) BIRTHPLACE SC.

(18) BIRTHPLACE SC.

(13) OCCUPATION School

(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 Medford

Given name added from a supplemental report

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

(27) Filed 9/11/1916 (28) J. R. Mc  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report as soon as a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before first 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 McCaw of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.