

(1) PLACE OF BIRTH

County of DillonTownship of Millersburgor
Inc. Town ofor
City of

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

Registration District No. 1603 Registered No. 148
(For use of Local Registrar)(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child Armandus Elchris (If child is not yet named, make supplemental report as directed)

(3) SEX <u>Male</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1st</u>	(6) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Dec 29</u>
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FATHER.

(7) FULL NAME Augustus Elchris

(8) PRESENT POSTOFFICE OF FATHER Nichols

(9) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 27 (Year)

(10) BIRTHPLACE Dillon County

(12) OCCUPATION Farmer

MOTHER.

(13) NAME BEFORE MARRIAGE Rebecca Reaved

(14) PRESENT POSTOFFICE OF MOTHER Nichols

(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 25 (Year)

(15) BIRTHPLACE Dillon County

(18) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. M., on the date above stated. (Name alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Arthur Wall

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Nichols

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother) Arthur Wall

(27) Signed 12-14-29 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, or other person present at the birth must report as stillborn. No report is required if a child breathes even once. It must not be reported as stillborn before the fifth month of pregnancy.