

(1) PLACE OF BIRTH

County of Spartanburg Township of "

OF

Inc. Town of "

OF

City of "

(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

No. 1a.—For State Registrar Only

22484

Registration District No. 40-D Registered No. 299

(For use of Local Registrar)

(No. 306 Dracoby St.)

Ward

(2) Full Name of Child Daniel Ball Elder

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

(3) BOY OR GIRL

 girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

 yes

(7) DATE OF BIRTH

 July 7, 1923

(Month of Month) (Day) (Year)

FATHER

(8) FULL NAME

 William Elder

(9) PRESENT POSTOFFICE OF FATHER

 Spartanburg, S.C.

(10) COLOR OR RACE

 W

(11) AGE AT LAST BIRTHDAY

 27

(Year)

(12) BIRTHPLACE

 Reidville, S.C.

(13) OCCUPATION

 Mill a p

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

 1

MOTHER

(14) NAME BEFORE MARRIAGE

 Dece Staton

(15) PRESENT POSTOFFICE OF MOTHER

 Spartanburg, S.C.

(16) COLOR OR RACE

 W

(17) AGE AT LAST BIRTHDAY

 19

(18) BIRTHPLACE

 N.C.

(19) OCCUPATION

 Housewife

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

 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 9 M., on the date above stated.

(Hour) (M. or P.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

 Spartanburg, S.C.

Given name added from a supplemental report

 L. Dorcy

1923

(25) Witness

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

(26) Filed

 8-1-23

(27)

 Jas. Cooper

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.

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.