

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of Rocky Mt.Inc. Town of Rocky Mt.City of Rocky Mt.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 41.1.66File No.—For State Registrar Only  
**32472**Registered No. 8.3  
(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 John Elbert

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets <u>2</u>	5) Number in order of birth <u>2</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Sept. 1, 1922</u> (Name of Month) (Day) (Year)
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**FATHER.**

8) FULL NAME Wright Elbert

9) PRESENT POSTOFFICE OF FATHER Rocky Mt. S.C.

10) COLOR OR RACE negro

11) AGE AT LAST BIRTHDAY 3.2 (Year)

12) BIRTHPLACE Sumter Co.

13) OCCUPATION farmer

20) Number of children born to mother, including present birth 12

**MOTHER.**

14) NAME BEFORE MARRIAGE Braglia Nelson

15) PRESENT POSTOFFICE OF MOTHER Rocky Mt. S.C.

16) COLOR OR RACE negro

17) AGE AT LAST BIRTHDAY 7.2 (Year)

18) BIRTHPLACE Sumter Co.

19) OCCUPATION housewife

21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5.4. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sara Holifay(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Rocky Mt. S.C.

Given name added from a supplemental report

(26) Witness N. C. Harless

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

(27) Filed Sept. 16, 1922 (28) N. C. Harless 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.

MARGIN RESERVED FOR BINDING.

WHITE 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.

MEDICAL DEPARTMENT, COLUMBIA, S. C.