

Form No. 1

(1) PLACE OF BIRTH

County of DillonTownship of Wilesham

or

Loc. Town of

or

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

File No. - For State Registrar Only

3637

Registration District No. 163 Registered No. 8
(For use of Local Registrar)(2) Full Name of Child Sarah Kate Elvington If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 13 1903</u> (Name of Month) (Day) (Year)
--------------------------------	--	------------------------------	---------------------------------------	---

FATHER.

(8) FULL NAME Lawrence C. Elvington(9) PRESENT POSTOFFICE OF FATHER Lake View SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Dillon Co(13) OCCUPATION Druggist(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Eme Rogers(15) PRESENT POSTOFFICE OF MOTHER Lake View SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years)(18) BIRTHPLACE Dillon Co(19) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at Lake View on the date above stated.(23) (Signature) W. C. Lester (Born alive or stillborn) (Hour A. M. or P. M.)(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lake View SC

(Given name added from a supplemental report)

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

(27) Date Jan 15 1903 (28) Local Registrar W. C. Lester

*When there was no attending physician or midwife, then the father, householder, or other person present at the birth must report the birth to the local registrar 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.