

(1) PLACE OF BIRTH

County of AndersonTownship of Hamlet

Inc. Town of

City of

(No. St. Ward)
(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 HealthNo. 12. - For State Registrar Only
2847Registration District No. 313 Registered No. 1
(For use of Local Registrar)(2) Full Name of Child Franklin Lafayette Elgin If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 23 1923
(Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME Ludwica Elgin(9) PRESENT RESIDENCE OF FATHER Gluck Mill S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 30
(Year)(12) BIRTHPLACE Anderson Co. S.C.(13) OCCUPATION Mill Hand(14) Number of children born to mother, including present birth 4

MOTHER.

(15) NAME BEFORE MARRIAGE Mary Elgin(16) PRESENT RESIDENCE OF MOTHER Gluck Mill S.C.(17) COLOR OR RACE W. (18) AGE AT LAST BIRTHDAY 38
(Year)(19) BIRTHPLACE Anderson Co. S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A. M.
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) J. N. Fenn M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(27) Filed Mar 19 1923 (28) B. A. Ekrod
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.

Registrar 1

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