

(1) PLACE OF BIRTH

County of OconeeTownship of Wintervilleor
Inc. Town of Wintervilleor
City of Winterville

(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

35833

Registration District No. 3505Registered No. 131
(For use of Local Registrar)St. 1 Ward 1(2) Full Name of Child Albert E. Elliott(3) BOY OR GIRL Boy

(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 Sept 25, 1942
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME W. M. Shouse(9) PRESENT POSTOFFICE OF FATHER Winterville(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 43
(Years)(12) BIRTHPLACE Shartsville(13) OCCUPATION Mill Hand

MOTHER

(14) NAME BEFORE MARRIAGE Kate Hood(15) PRESENT POSTOFFICE OF MOTHER Winterville(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 39
(Years)(18) BIRTHPLACE Oconee(19) OCCUPATION House and Mill work(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. M. Williams(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Winterville

Given name added from a supplemental report

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

(27) Filed Oct 1, 1942 at Winterville 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.