

(1) PLACE OF BIRTH

County of Windsbury
 or
 Township of King
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
2691

Registration District No. 4302 Registered No. 1
 (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 Lilah Elpis

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 2, 1922
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Frank Elpis</u>	(14) NAME BEFORE MARRIAGE <u>Lilah Sallies</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Kingston</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Kingston</u>
(10) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Windsbury</u>	(18) BIRTHPLACE <u>Windsbury</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housekeeper</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mag. Elpis
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kingston

Given name added from a supplemental report

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

(27) Filed Jan 3, 1922 (28) B. B. Clarkson
 Registrar 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.

FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 3