

## (1) PLACE OF BIRTH

County of UpsonTownship of Jonesville

or

Inc. Town of Jonesville

or

City of Jonesville

(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

Registration District No. 4204 Registered No. 92094

File No.—For State Registrar Only

92094

(For use of Local Registrar)

(2) Full Name of Child Elmore Suber

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 June 7 1916FATHER. (8) FULL NAME Elmore Suber (9) PRESENT POSTOFFICE OF FATHER Jonesville, S.C. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (12) BIRTHPLACE Union County (13) OCCUPATION FarmerMOTHER. (14) NAME BEFORE MARRIAGE Emma Woodson (15) PRESENT POSTOFFICE OF MOTHER Jonesville, S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (18) BIRTHPLACE Union County (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated.(23) (Signature) Leila West (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Jonesville, S.C.

Given name added from a supplemental report

(26) Witness B. N. Alexander (Signature of Witness necessary only when question 23 is signed by midwife)(27) Filed Dec 30 1916 (28) B. N. Alexander 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.