

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of Charleston S.C.

(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  
**29275**

Registration District No. 9 A Registered No. 1413  
(For use of Local Registrar)

(2) Full Name of Child Elodie Roper (No. 17 Bayain St.; ..... Ward)  
(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 Sept 13 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Elodie Roper

(9) PRESENT POSTOFFICE OF FATHER Chas.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Farmstead S.C.

(13) OCCUPATION Laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Alert

(15) PRESENT POSTOFFICE OF MOTHER Chas.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Washer

(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... Alina ... at 6 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) \* (Signature) Lavinia H. Haise(24) State whether Physician or Midwife(25) Address of Physician or Midwife 29 Logain St

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed 9/26/22

(28) .....

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.