

(1) PLACE OF BIRTH

County of CherokeeTownship of Lewisor
Inc. Town ofor
City of

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

File No.—For State Registrar Only

17984

Registration District No. 10A Registered No. 127
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Virginia Elmon {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 7, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Wade William Elmon</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Harris</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S.C. R2D8</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S.C. R2D8</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
(12) BIRTHPLACE <u>Cherokee Co</u>			(18) BIRTHPLACE <u>Cherokee Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D.B. Sherrard(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Gaffney 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 7/10/22 (28) N.F. Smith 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.

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