

(1) PLACE OF BIRTH

County of Anderson

Township of Hopewell

or

Inc. Town of

or

City of

(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

48023

Registration District No. 308 Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child William Roy Elrod

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan. 8, 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

### FATHER.

(8) FULL NAME Hermon L. Elrod

(9) PRESENT POSTOFFICE OF FATHER Williamston S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Anderson Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

### MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Rogers

(15) PRESENT POSTOFFICE OF MOTHER Williamston S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Anderson Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. L. Houston M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician | Williamston S.C.

Given name added from a supplemental report

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

(27) Filled 191 (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.

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FORM NO. 2  
MAY 1915  
WHICH IS A PERMANENT RECORD.  
M. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc., in question 5.  
McGraw, of Columbia.