

## (1) PLACE OF BIRTH

County of HarrisTownship of Conway

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only  
64780Registration District No. 2002Registered No. 72  
(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 Elles Rinevreda Perry 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>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 1 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME <u>Ira Perry</u>	(14) NAME BEFORE MARRIAGE <u>Emmer Holt</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Conway R4D</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Conway SC</u>
(10) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>
(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(12) BIRTHPLACE <u>Conway Co</u>	(18) BIRTHPLACE <u>Conway Co</u>
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>

## MOTHER.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 1:30 P. M.(23) (Signature) Liger Todd  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sheel SC

Given name added from a supplemental report

Ira Perry 191...

Registrar

(26) Witness Jan Verren  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 5 1916 (28) J. L. Doozie  
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McGraw, of Columbia