

Form No. 1

(1) PLACE OF BIRTH

County of Hershaw
Township of Lugoff SC
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

Registration District No. 2701

File No. — For State Registrar Only
4310

Registered No.
(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 Bernie Elmer

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

1. SEX <u>Male</u>	4. Title <u>Infant</u> To be answered only in case of Twins or Triplets	5. Number in order of birth <u>1</u>	6. Age from marriage <u>Yes</u>	7. DATE OF BIRTH <u>July 10 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>Arch Elmer</u>	14. DATE BEFORE MARRIAGE <u>Emma Elmer</u>			
9. PRESENT POSTOFFICE OF FATHER <u>Lugoff SC</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Lugoff SC</u>			
10. COLOR OR RACE <u>Colored</u>	11. AGE AT LAST BIRTHDAY <u>34</u> (Years)	16. COLOR OR RACE <u>Colored</u>	17. AGE AT LAST BIRTHDAY <u>35</u> (Years)	
12. BIRTHPLACE <u>SC</u>	18. BIRTHPLACE <u>SC</u>			
13. OCCUPATION <u>Farmer</u>	19. OCCUPATION <u>Housewife</u>			
20. Number of children born to mother, including present birth <u>15 children</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 7 A.M. on the date above stated.
(Born alive or Stillborn) (Hour A.M. or P.M.)

(23) (Signature) William George Smith Lugoff SC
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

When there is a report of stillbirth, etc., should make this report in detail of stillbirth

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

Local Registrar