

(1) PLACE OF BIRTH

County of LaurieTownship of Laurie

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

4417

Registration District No. 2904Registered No. 11
(For use of Local Registrar)(2) Full Name of Child Elvis Wells

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 5 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Wells(9) PRESENT POSTOFFICE OF FATHER Wells miss(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Abbeville Co.(13) OCCUPATION mill operator(14) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Hilda Lutz(15) PRESENT POSTOFFICE OF MOTHER Wells miss(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Edgefield Co.(19) OCCUPATION domestic(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was white at 2 4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) Signature Charles A. Walker

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Laurie

(Given name added from a supplemental report)

101

Registrar

(25) Witness

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

(26) Filed Feb 10 23

101

(27)

(28) L. E. S. 101 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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