

IN CASE OF TWINS OR TRIPLETS, GIVE NAME OF EACH CHILD, AND MARK THE  
MEDIUM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Newberry  
Township of Mountville  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

39501

Registration District No. 3407 Registered No. 57  
(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 Elba Conway

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 Nov 17, 1927  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Horace Conway

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

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Laurens S.C.

(13) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Williams

(15) PRESENT POSTOFFICE OF MOTHER Chappells S.C. R#1

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Laurens S.C.

(19) OCCUPATION Farm Hand

(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 Born alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature Luella Anderson

(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Chappells S.C. R#1

Given name added from a supplemental report

(25) Witness H. B. Hollingsworth (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 11-21-1927 (28) P. J. Roeder 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.