

(1) PLACE OF BIRTH

County of RichlandTownship of Flat Rock

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

30869

Registration District No. 3702 Registered No. 43

(For use of Local Registrar)

(2) Full Name of Child Elmer Davis Filmond

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 BIRTH Sept. 12, 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John Filmond(9) PRESENT POSTOFFICE OF FATHER Westville(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

MOTHER

(15) NAME BEFORE MARRIAGE Lena Brasos(16) PRESENT POSTOFFICE OF MOTHER Westville(17) COLOR OR RACE Negro(18) AGE AT LAST BIRTHDAY 30
(Years)(19) BIRTHPLACE S.C.(20) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 12

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) Walter Starnes(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wm. Westville

Given name added from a supplemental report

(26) Witness J. S. Elder

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 10/22/22

(28)

(29) D. H. Barfield
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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