

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics 302
State Board of Health

File No. - For State Registrar Only

28750

County of AndersonTownship of Irish Creekor
Inc. Town ofor
City ofRegistration District No. 2-13 Registered No. 69
(For use of Local Registrar)

(No. St. Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Willie Daring Elphinstone

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1
To be answered only in case of Twin or Triplets(6) Are Parents Married? Married (7) DATE OF BIRTH 2-15-1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Nathaniel S. Ombrill(9) PRESENT POSTOFFICE OF FATHER Irish Creek, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Irish Creek, S.C.
(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 18

MOTHER

(14) NAME BEFORE MARRIAGE Virginia Daniel(15) PRESENT POSTOFFICE OF MOTHER Irish Creek, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 32(18) BIRTHPLACE Irish Creek, S.C.
(19) OCCUPATION farmer(21) Number of children of this mother now living, including present birth 8

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.)

(23) (Signature)

(24) Name of Attending Physician or Midwife

(25) Address of Attending Physician or Midwife

Given name added from a supplemental report

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

When there was no attending physician or midwife, the father, mother, or other person should make this return. If a child dies before being born, the mother should report to the Bureau of Vital Statistics.