Form No. 3

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
41721

(1) PLACE OF BIRTH
County of Marion
Township of Reaves
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.)

Registration District No 3.10.5. Registered No. 109
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child. Elgie Emanuel

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

(3) Sex Boy. (4) Twin or Triplet? (5) Number in order of birth (6) Age of Parent if Mother Single (7) DATE OF BIRTH Oct 29 1923 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

(8) FULL NAME James Emanuel
(9) PRESENT POSTOFFICE OF FATHER Williams
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Marion Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Nancy Jane Locke
(15) PRESENT POSTOFFICE OF MOTHER Williams
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Rosman N.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:15 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thomas L Peacock
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Williams

Given name added from a supplemental report

..... 19 .....
Registrar

(26) Witness J M Shuffler
(Signature of witness necessary only when question 22 is signed by mark)

(27) Filed 11-7-23 19.... (28) ..... Local Registrar.

*When there was no attending physicinn 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.

MARION RESERVED FOR BINDING.
WHITE PLAINS, N.Y. WITH 4 BLANKS, ONE OF WHICH IS A PERMANENT RECORD.
B—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.