

FORM NO. 6. MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH ENLARGING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCraw, of Columbia.

(1) PLACE OF BIRTH
 County of Hershaw
 Township of DeKalb
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
86203

Registration District No. 2701 Registered No. 274
 (For use of Local Registrar)

(2) Full Name of Child Amos R. Elliott Jr. } 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? yo (7) DATE OF BIRTH Oct. 21, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Amos R. Elliott.
 (9) PRESENT POSTOFFICE OF FATHER Cassatt S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)
 (12) BIRTHPLACE Hershaw Co
 (13) OCCUPATION Planter
 (20) Number of children born to mother, including present birth } Four

MOTHER.
 (14) NAME BEFORE MARRIAGE Hattie Campbell
 (15) PRESENT POSTOFFICE OF MOTHER Cassatt S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Hershaw Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth } Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) W. H. Chapman
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician | Cassatt S.C.

Given name added from a supplemental report
 101.....

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
Mary L. W. J. Mason
 (27) Filed 1916 (28) 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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