

WRITE PLAINLY, WITH UNFADING 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.

McCaw, of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of Hershaw STATE OF SOUTH CAROLINA.
 Township of DeKalb Bureau of Vital Statistics
 or Inc. Town of Registration District No. 2701 State Board of Health
 or City of Registered No. 274
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

File No.—For State Registrar Only
86203

(2) Full Name of Child Amos R. Elliott Jr. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yo</u>	(7) DATE OF BIRTH <u>Oct. 21, 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Amos R. Elliott.</u>		(14) NAME BEFORE MARRIAGE <u>Hattie Campbell</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cassatt SC</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Cassatt SC</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>44</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
(12) BIRTHPLACE <u>Hershaw Co</u>		(18) BIRTHPLACE <u>Hershaw Co</u>		
(13) OCCUPATION <u>Planter</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Four</u>		(21) Number of children of this mother now living, including present birth <u>Four</u>		

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 Cassatt SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1916 (28) W. H. Chapman 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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