

22 049275

Form No. 1

(1) PLACE OF BIRTH

County of

Orangeburg
Providence

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36018-2

Registration District No.

3614

Registered No.

132

(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

*L. J.**Elmore*

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

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

no.

(7) DATE OF

BIRTH. *Oct. 29, 1922.*
(Name of Month) (Day) (Year)

MOTHER.

(4) NAME BEFORE MARRIAGE

Lucy Elmore

(5) PRESENT POSTOFFICE OF MOTHER

Holly Hill, S.C.

(6) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

15
(Years)

(8) BIRTHPLACE

Orangeburg County

(9) OCCUPATION

Housekeeping

(1) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

alive

(Born alive or stillborn)

at *11 A.M.*
(Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

Mamie Richbourg

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Vance, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov. 3, 1922

(28)

A. S. Harts

Loc

If there was no attending physician or midwife, then the father, householder, etc., should report as soon as the child breathes even once, it must not be reported as stillborn. No report is desirable before the fifth month of pregnancy.