

22 049275

Form No. 1

## (1) PLACE OF BIRTH

County of

Orangeburg

Township of

Providence

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

3048-2

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. [REDACTED] 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	17) AGE AT LAST BIRTHDAY 15 (Years)
5) PRESENT POSTOFFICE OF MOTHER Holly Hill, S.C.	
6) COLOR OR RACE colored	
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 ... at 11 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mamie Richbourg(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Tance, 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. Hart

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