

1. PLACE OF BIRTH

County of Charleston

Township of _____

or

Inc. Town of _____

or

City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

FILE No. — For State Registrar Only

48363

Registered No. 91/125

(For use of local Registrar)

(No. St. Francis Inst. St. _____)DANIEL BARRY ELITCH

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

3. Boy or Girl

Boy

If Plural

births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term

7. Are Parents

Married? Yes

8. Date of

birth

February 21 1916

(Calendar day, year)

Full name

FATHER

NORMAN H. ELITCH

18. Name before marriage

MOTHER

ELIZABETH B. GORDON

10. Residence (mailing address)

(If non-resident, give place and State)

64 Meeting St.

19. Residence (mailing address)

(If non-resident, give place and State)

22 Meeting St.

11. Color or race

white

12. Age at last birthday

57

(Years)

20. Color or race

white

21. Age at last birthday

35

(Years)

13. Birthplace (city or place)

Ellenboro

(State or country)

Ga.

22. Birthplace (city or place)

Charleston

(State or country)

S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Planter &

23. Trade, profession, or particular kind of work done, as housekeeper, carpenter, nurse, clerk, etc.

Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Mfgt.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

At Home

16. Date (month and year) last engaged in this work

present1916

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

present1916

26. Total time (years) spent in this work

7. Number of children of this mother

(At time of birth and including this child)

(a) Born alive and now living 1

(b) Born alive but now dead

(c) Stillborn

8. If stillborn,

months

period of gestation

weeks

29. Cause of stillbirth

Before labor

During labor

Specify any physical deformities of child at birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive on the date above stated.

(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) M. L. Lawrence M.D.

or

Midwife

Address

1264 1/2 1st St. S.E.

Filed

2/281916J. L. Gross, M.D.

Given name added from

a supplemental report

(Date of)

Registrar

Corrected: 4/25/19

Registrar