

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

29753

Registration District No. 1402

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Josia Elliott

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

To be answered only in case of Twin or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept. 2, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. K. Elliott

(9) PRESENT POSTOFFICE OF FATHER

White Hall St.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

39

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

9

MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie Giler

(15) PRESENT POSTOFFICE OF MOTHER

White Hall St.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

38

(Years)

(18) BIRTHPLACE

Col Co St.

(19) OCCUPATION

Housewife

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. K. Shepherd

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

White Hall St.

Given name added from a supplemental report

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(26) Witness

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

(27) Filed

Sept 8, 1922

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(28)

D. G. Hopper

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.