

(1) PLACE OF BIRTH

County of LaurensTownship of Watersor
Inc. Town of Sullivanor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19281

Registration District No. 2906 Registered No. 321

(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 Elara Jones Todd If child is not yet named, make supplemental report as directed

3. BOY OR GIRL <u>girl</u>	4. Twin or Triplet? <u>No</u>	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>June 12, 1928</u> (Name of Month) (Day) (Year)
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FATHER.

8. FULL NAME Luther Todd

9. PRESENT POSTOFFICE OF FATHER Laurens S.C. 6

10. COLOR OR RACE Colored

11. AGE AT LAST BIRTHDAY 23
(Years)

12. BIRTHPLACE Laurens County, S.C.

13. OCCUPATION Farming

20. Number of children born to mother, including present birth 16

MOTHER.

14. NAME BEFORE MARRIAGE Sallie Carter

15. PRESENT POSTOFFICE OF MOTHER Laurens S.C. 6

16. COLOR OR RACE Colored

17. AGE AT LAST BIRTHDAY 3
(Years)

18. BIRTHPLACE Laurens County, S.C.

19. OCCUPATION Farming

21. Number of children of this mother now living, including present birth 16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive ...at 9 P.M.
on the date above stated. (Born alive or stillborn Hour P. M. or P. M.)(23) (Signature) Midwife Martha Bryan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Laurens S.C. 6

Given name added from a supplemental report

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

(27) Filed June 13, 1928 M. D. Sullivan
Registrar 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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