

## (1) PLACE OF BIRTH

County of Spartan  
 Township of W. M. L. L. L.  
 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

24058

Registration District No. 4103 Registered No. 37  
 (For use of Local Registrar)

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

(2) Full Name of Child Elizabeth Frances (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 11 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Francis

(9) PRESENT POSTOFFICE OF FATHER Spartan S.C. R 3

(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 43  
 (Years)

(12) BIRTHPLACE Sc

(13) OCCUPATION Domestic. Brick Mason

(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Katie Holman

(15) PRESENT POSTOFFICE OF MOTHER Spartan S.C. R 3

(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 37  
 (Years)

(18) BIRTHPLACE Sc

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... Alive ...at... 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elizabeth Frances  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife W. M. L. L. L.

Given name added from a supplemental report

(26) Witness M. P. G.  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 11 22 (28) M. P. G. 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.