

MAJOR PART OF THIS IS A PERMANENT RECORD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. IF A CHILD IS BORN TO A MOTHER WHO HAS BEEN BORN IN THIS STATE, THE OTHER, No. 2, etc. in question 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Cherokee  
 Township of Juniper  
 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  
683

Registration District No. 1-0-0-3 Registered No. 44  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child.....

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1  
 To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 17 1922  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Monroe Elmore  
 (9) PRESENT POSTOFFICE OF FATHER Gaffney SC RD 8  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40  
 (Years)

(12) BIRTHPLACE Cherokee Co. SC.

(13) OCCUPATION Farmer

(14) NAME BEFORE MARRIAGE Olivia Bell Kirby  
 (15) PRESENT POSTOFFICE OF MOTHER Gaffney SC RD 8  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
 (Years)

(18) BIRTHPLACE Cherokee Co. SC.

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3  
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 2:15 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) J. S. Hutton M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gaffney SC.

Given name added from a supplemental report.....

(26) Witness (Signature of Witness necessary only when question 23 is signed by nurse)  
H. P. Rasth...

(27) Filed Jan 22 1922 (28) H. P. Rasth... 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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