

County of Michigan
 Township of Lower
 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

2399

Registration District No. 8603

Registered No.
(For use of Local Registrar)

City of (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 Joe Elson

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

2 BQY GR

4) Twin or Triplet?

(3) Number in
order of birth:

(6) Are Parents

(7) DATE OF

BIRTH *Jan* 11 22
(Name of Month) (Day) (Year)

FATHER:

ಎ FULL
NAME

(2) PRESENT
POSTOFFICE
OF FATHER

(20) COLOR GR

12 BIRTHPLACE

73 OCCUPATION

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

(11) AGE AT LAST BIRTHDAY

29 Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(2) I hereby certify that I attended the birth of this child, who was Jan. 16 at 12:10 P.M.
on the date above stated. (How alive or stillborn) (How A.V. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report.

(26) - Wilson

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

67. Fixed

(28)

Local Registrars

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.