

Form No. 1

(1) PLACE OF BIRTH

County of Hamble
 Township of No 2
 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
3730

Registration District No. 1921 Registered No. 14
 (For use of Local Registrar)

(2) Full Name of Child John H. Elam

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

1. BOY OR GIRL Boy 2. Twin or Triplet No 3. Number in order of birth 8 4. Are Parents Married Yes 5. DATE OF BIRTH Jan 15 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

6. FULL NAME David Elam
 7. PRESENT POST OFFICE OF FATHER Woodward
 8. COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 41
 9. BIRTHPLACE SC
 10. OCCUPATION Fanner
 12. Number of children born to mother, including present birth 8

MOTHER.

13. NAME BEFORE MARRIAGE Charlotte Johnson
 14. PRESENT POST OFFICE OF MOTHER Woodward
 15. COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30
 16. BIRTHPLACE SC
 18. OCCUPATION Farm laborer
 19. Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. M. C. Mullins
 (24) ~~Signature of Midwife~~ (25) Address of Physician or Midwife Woodward SC

Given name added from a supplemental report

(26) Witness David Elam
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 15 1923 (28) H. A. Blaine 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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