

(1) PLACE OF BIRTH

County of

Richland
Blytheville

Township of

Loc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2385

Registration District No. 3800

Registered No. 7

(For use of Local Registrar)

Only

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(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.) St. (Ward)

(2) Full Name of Child William Calhoun Elders

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

(3) BOY OR GIRL

Boy

(4) Twin or triplet?

(5) Number in birth order

(6) Are Parents Married

(7) DATE OF BIRTH

Jan 10 22

(Year of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Samuel Elders

(14) NAME BEFORE MARRIAGE

Lizzie Taylor

(9) PRESENT POSTOFFICE OF FATHER

Columbia RTD #3

(15) PRESENT POSTOFFICE OF MOTHER

Columbia RTD #3

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35 (Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33 (Years)

(12) BIRTHPLACE

Columbia S.C.

(18) BIRTHPLACE

Columbia S.C.

(13) OCCUPATION

Carpenter

(19) OCCUPATION

Domestic

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

6

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Anne Miller

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Blytheville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) File Jan 18 22

(28) Wa McLean 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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