

Form No. 1

(1) PLACE OF BIRTH  
County of Windsor  
Township of Mungo # 7  
or  
City of Windsor  
or  
City of Windsor  
(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  
**79692**

Registration District No. 430.7 Registered No. 28  
(For use of Local Registrar)  
Full Name of Child Carl M. Roy Elliott If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 16, 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
FULL NAME Matthew E. Elliott  
PRESENT POSTOFFICE OF FATHER Andrews, SC.  
COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)  
BIRTHPLACE Williamsburg Co. SC.  
OCCUPATION Farmer  
Number of children born to mother, including present birth 3

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Flossie Belle Cannon  
(15) PRESENT POSTOFFICE OF MOTHER Andrews, SC.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE Williamsburg Co. SC.  
(19) OCCUPATION House Keeping  
(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Matthew E. Elliott  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Andrews, SC.

name added from a supplemental report

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

(27) Filed 9/16, 1916 (28) G. E. Green Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.