

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

28742

County of AndersonTownship of Broadway

Inc. Town of

City of

Registration District No. 301Registered No. 46
(For use of Local Registrar)

(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

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

3) ~~Boy~~ GIRL? ☒ (4) Twin or Triplet? ☐ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 19 1917
(Name) (Month) (Day) (Year)

FATHER.

8) FULL NAME Jas. David Elrod9) PRESENT POSTOFFICE OF FATHER Belton SC10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 49
(Years)12) BIRTHPLACE Anderson Co13) OCCUPATION farmer20) Number of children born to mother, including present birth 16

MOTHER.

14) NAME BEFORE MARRIAGE Lula Gray15) PRESENT POSTOFFICE OF MOTHER Belton SC16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39
(Years)18) BIRTHPLACE Anderson Co19) OCCUPATION house wife(21) Number of children of this mother now living, including present birth 16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. B. Harrison(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Belton SC

Given name added from a supplemental report

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

(27) Filed Oct 10 1917 (28) A. C. Campbell 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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