

Form No. 3

(1) PLACE OF BIRTH

County of SumterTownship of Calhoun

OF

Inc. Town of Pinewood

OF

City of Pinewood

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

5381

Registration District No. 4110 Registered No. 6

(For use of Local Registrar)

(No. 5 St. 1 Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Lee McElmer

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 22 23</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Henry M. Elmer</u>	(14) NAME BEFORE MARRIAGE <u>Jacob L. Elmer</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Pinewood S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Pinewood S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Year)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Magui

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Pinewood S.C.

Given name added from a supplemental report

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

(27) Filed Mar 12 1923 (28) E. S. Suggin Local Registrar

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

WRITES PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.