

(1) PLACE OF BIRTH Barnwell S.C. **CERTIFICATE OF BIRTH**  
 County of Lexington S.C. **STATE OF SOUTH CAROLINA.**  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**46846**

Township of Cayce S.C.  
 or  
 Inc. Town of Cayce S.C. Registration District No. 3105 Registered No. 4  
 or  
 City of Cayce S.C. (No. 4 St.; 4 Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Dorothy F. Elder If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? Triplet (5) Number in order of birth 1st  
 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 3, 1916  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME L. F. Elder

(9) PRESENT POSTOFFICE OF FATHER Cayce S.C.

(10) COLOR OR RACE colored AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Barnwell S.C.

(13) OCCUPATION

MOTHER.  
 (14) NAME BEFORE MARRIAGE Katie Patterson

(15) PRESENT POSTOFFICE OF MOTHER Cayce S.C.

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Barnwell S.C.

(19) OCCUPATION

(20) Number of children born to mother, including present birth 2 children (21) Number of children of this mother now living, including present birth 2 living

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

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

(23) (Signature) Midwife L. C. Thompson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 1/17 1916 (28) J. C. Thompson 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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