

(1) PLACE OF BIRTH

County of LancasterTownship of Little Rock

Inc. Town of

City of

(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 Register Only

41217

Registration District No. 404..... Registering No. 116.....
(For use of Local Registrar)

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

(2) Full Name of Child

(1) BOY or GIRL? (4) Twin or triplet? X (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 11 1923
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Elmer Panther
(9) PRESENT POSTOFFICE OF FATHER Little Rock
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Little Rock
(13) OCCUPATION tile
(14) Number of children born to mother, including present birth 4MOTHER.
(14) NAME BEFORE MARRIAGE Lea Sear
(15) PRESENT POSTOFFICE OF MOTHER Little Rock
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Rockingham N.C.
(19) OCCUPATION seamstress
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7:00 P.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) E. W. P. V. V. V. V.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
M.D. Little Rock(When name added from a supplemental report)
..... 101

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 7 1924 (28) W. H. 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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