

THIS FORM IS A PERMANENT RECORD. WHEN PREPARING THE FORM, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE CASE OF TWINS OR TRIPLETS AS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Asheley
Township of 2nd
or
Inc. Town of.....
or
City of.....

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

No. 31887

Registration District No. 7.03 Registered No.
(For use of Local Registrar)

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

(2) Full Name of Child Peter Elmyer If child is not yet named, make supplemental report as directed

(3) SEX OR Boy (4) Type yes (5) Number in 1 (6) DATE OF Nov 5-23
or yes BIRTH (Name of Birth) (Day) (Year)

FATHER.
(8) FULL NAME Peter Elmyer
(9) PRESENT RESIDENCE OF FATHER Asheley
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 33
(12) BIRTHPLACE 1st
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Nora Elmyer
(15) PRESENT RESIDENCE OF MOTHER Asheley
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22
(18) BIRTHPLACE 1st
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) John W. Elmyer
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Asheley

Given name added from a supplemental report
.....
.....
..... 19 ..
Registrar

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

(27) Filed Nov 5-23 (28) 21 Asheley

*When there was no attending physician or midwife, then the father, householder, etc., must report as stillborn. No report is necessary if a child breathes even once. It must not be reported as stillborn. No report is necessary before the fifth month of pregnancy.