

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

File No.—For State Registrar Only
31783

(1) PLACE OF BIRTHCounty of Pickens

Township of

or

Inc. Town of

or

City of Easley

Registration District No. 37-a Registered No. 199
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth: 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 7, 22
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(Name of Month) (Day) (Year)

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

FATHER.(8) FULL NAME Loumie M. Ellenberg(9) PRESENT POSTOFFICE OF FATHER Easley, S. C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
(Year)(12) BIRTHPLACE S. C.(13) OCCUPATION Restaurant Keeper(20) Number of children born to mother, including present birth 5**MOTHER.**(14) NAME BEFORE MARRIAGE Amie McGaha(15) PRESENT POSTOFFICE OF MOTHER Easley, S. C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27
(Year)(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(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 alive 5a
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) E. H. Wyatt M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Easley, S. C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "Midwife")

(27) Filed Sept 7, 22 (28) E. H. Wyatt
Local Registrar19
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.