

(1) PLACE OF BIRTH

County of SumterTownship of Middle

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91982

Registration District No. 403 Registered No. 90

(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child

Ellis Atkins

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Dec 24 1966
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wallace Atkins

(9) PRESENT POSTOFFICE OF FATHER

Clemmont SC

(10) COLOR OR RACE

Col(11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Home

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Katherine Anderson

(15) PRESENT POSTOFFICE OF MOTHER

Clemmont SC

(16) COLOR OR RACE

Col(17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

(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 at 2 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. L. Bark

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 30 1966

(28)

M. L. Bark

Local Registrar

19 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.