

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. 2.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of Blythewood

or  
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

31977

Registration District No. 3800 Registered No. 106  
(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 Ella Belle Allison

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

(3) BOY OR GIRL girl (4) Twin 2 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 5-22  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Allison

(9) PRESENT POSTOFFICE OF FATHER Blythewood

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 37  
(Years)

(12) BIRTHPLACE Kershaw

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Harris

(15) PRESENT POSTOFFICE OF MOTHER Blythewood

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 43  
(Years)

(18) BIRTHPLACE Kershaw

(19) OCCUPATION Field work

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1010 M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ella Belle Trapash

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Blythewood

Given name added from a supplemental report

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

(27) Filed Sept 5-22 (28) Wam Dean 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.

McGraw-Hill, Columbia, S. C.