

(1) PLACE OF BIRTH

County of Williamston

Township of

or
Inc. Town ofCity of Williamston

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

(2) Full Name of Child John May Ellison If child is not yet named, make supplemental report as directed(3) BOY OR
GIRL(4) Twin
or Triplet(5) Number in
order of birth
To be answered only in case of Twins or Triplets(6) Are
Parents
Married(7) DATE OF
BIRTH May 4 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(Year)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(Year)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement-
al report

(25) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(26) Filed 6-12-23

(27) Local Registrar

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.

a Supplementary report

Address

Filed

19

Registrar

Registrar