

(1) PLACE OF BIRTH

County of Anderson
 Township of Belton
 or
 Inc. Town of.....
 or
 City of.....

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

File No.—For State Registrar

24688

Registration District No. 3.00 Registered No. 128
 (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 William R. Ellison (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 19 1922
 (Name of Mother) (Day) (Year)

FATHER.

(8) FULL NAME Charlie A. Ellison
 (9) PRESENT POSTOFFICE OF FATHER Belton S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Anderson Co.
 (13) OCCUPATION farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie May Waters
 (15) PRESENT POSTOFFICE OF MOTHER Belton S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Anderson Co. S.C.
 (19) OCCUPATION house wife
 (20) Number of children born to mother, including present birth 2
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Haynes(24) State whether Physician or Midwife (25) Address of Physician or Midwife Belton S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filled

Sept 6 1922 (28) Mrs. J. P. Ash 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.

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