

THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR HIS ASSISTANT. IT IS NOT TO BE FILLED OUT BY THE PARENTS. A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED BY REGISTRAR, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Aiken  
 Township of Millbrook  
 or  
 Inc. Town of.....  
 or  
 City of.....

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

Registration District No. 207

File No.—For State Registrar Only

2876

Registered No. 1  
 (For use of Local Registrar)

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

(2) Full Name of Child

James Edward Ennis child is not yet named, make supplemental report 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 Feb 27 1922  
 To be answered only in event of Twins or Triplets

(8) FATHER'S FULL NAME <u>John Ennis</u>		(9) MOTHER'S NAME BEFORE MARRIAGE <u>Rose Willis</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Salathia S.C.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Salathia S.C.</u>	
(12) COLOR OR RACE <u>White</u>		(13) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(14) BIRTHPLACE <u>Washington Co Ga</u>		(15) BIRTHPLACE <u>Aiken Co</u>	
(16) OCCUPATION <u>Farmer</u>		(17) OCCUPATION <u>House wife</u>	
(18) Number of children born to mother, including present birth <u>One</u>		(19) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(21) (Signature) Chas. E. Ennis M.D. (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Salathia S.C.

Given name added from a supplemental report

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

(25) Filed Feb 13 1922 (26) 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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