

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. For State Registrar Only
51684

County of Charleston
Township of Charleston
or
Inc. Town of Charleston
or
City of Charleston

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

Registration District No. 12 A Registered No. 26
(For use of Local Registrar)
St.; 2nd Ward
(No. market if birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Not named. Amelita If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 12 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Mary A. Ellison
(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 52
(12) BIRTHPLACE Charleston S.C.
(13) OCCUPATION Dr. sealer
(20) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Henrietta Holton
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
(18) BIRTHPLACE Columbus Co. N.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 20 1916. (28) [Signature] 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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WHEN THIS REPORT IS FILED IN A PUBLIC PLACE, THE REGISTRAR SHALL BE RESPONSIBLE FOR THE PROTECTION OF THE INFORMATION CONTAINED HEREIN. IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE CHILD BY THE LETTERS A, B, C, ETC. IN QUESTION 2.