

## (1) PLACE OF BIRTH

County of L. L. L. L. L.Township of L. L. L. L. L.Inc. Town of L. L. L. L. L.City of L. L. L. L. L.

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66484

Registration District No. 42-A Registered No. 70

(For use of Local Registrar)

City of L. L. L. L. L. (No. 1000 St.; 1000 Ward)(2) Full Name of Child Ethel Oneta Ashe 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 6, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Lee Ashe

(9) PRESENT POSTOFFICE OF FATHER Union St

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE York SC

(13) OCCUPATION Station Mill work

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lena Bell Brown

(15) PRESENT POSTOFFICE OF MOTHER Union St

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Charleston SC

(19) OCCUPATION Domestic

(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 born alive or stillborn (Hour A. M. or P. M.) on the date above stated.(23) (Signature) J. P. Jackson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 8, 1916 (28) J. G. Garratt 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.

Registrar

Local Registrar

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Columbia, S. C.

STATE HEALTH OFFICER

BEN F. WYMAN, M.D.

W. L. PRESSLEY, M.D. . . . . DUE WEST

E. C. RHODES, COM. GEN.