

MAKING UNRECORDED FOIL BINDING, WITH ENGRAVING ENL—THIS IS A PERMANENT RECORD. WHEN PLACED IN THE REGISTER, IT WILL BE REPRODUCED IN THE REGISTER, No. 1. THIS OFFICE, No. 2, etc. is question 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">3254</div>	
County of <u>Berkley Co.</u> Township of <u>North</u> or Inc. Town of _____ or City of <u>Home</u>		Registration District No. <u>71.3</u> (No. _____)		Registered No. <u>19</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Lash Ellison</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St. _____ Ward _____ (If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>Two</u> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 12, 1922</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER. (8) FULL NAME <u>Tom Ellison</u> (9) PRESENT POSTOFFICE OF FATHER <u>Monroeville, S.C.</u> (10) COLOR OR RACE <u>Col.</u> (11) AGE AT LAST BIRTHDAY <u>48</u> (12) BIRTHPLACE <u>Berkley Co.</u> (13) OCCUPATION <u>Farming</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Edith Stewart</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Monroeville, S.C.</u> (16) COLOR OR RACE <u>Col.</u> (17) AGE AT LAST BIRTHDAY <u>32</u> (18) BIRTHPLACE <u>Berkley Co.</u> (19) OCCUPATION <u>Farming</u> (20) Number of children of this mother now living, including present birth <u>Two</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. (21) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>10 A. M.</u> on the date above stated. <u>Born alive or stillborn</u> (Hour A. M. or P. M.) (22) (Signature) <u>Peter H. Hamilton</u> (23) State whether Physician or Midwife <u>Midwife</u> (24) Address of Physician or Midwife <u>Monroeville, S.C.</u>					
Given name added from a supplemental report _____ _____ _____		(25) Witness <u>P. M. Hamilton</u> (Signature of Witness necessary only when question 23 is signed) _____ (26) Filed _____ (27) Local Registrar <u>B. M. Barron</u>			

*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 be reported as stillborn. No report is desired of stillbirths in the fifth month of pregnancy.