

(1) PLACE OF BIRTH

County of AndersonTownship of "

or

Inc. Town of "

or

City of "

(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

6360

Registration District No. 3ARegistered No. 91
(For use of Local Registrar)(No. 134 Trilburt St.; " Ward)(2) Full Name of Child Joe Ellis Ashley

If child is not yet named, make supplemental report as directed

(3) BOY OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in event of Twins or Triplets(6) Are
Parents
Married? yes

(7) DATE OF

BIRTH Mar 9 1932
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEC. A. Ashley(9) PRESENT
POSTOFFICE
OF FATHERAnderson, S.C.(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY 45
(Years)

(12) BIRTHPLACE

Anderson, S.C.

(13) OCCUPATION

mill work

MOTHER.

(14) NAME BEFORE
MARRIAGECarrie May Ellis(15) PRESENT
POSTOFFICE
OF MOTHERAnderson, S.C.(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY 40
(Years)

(18) BIRTHPLACE

Anderson, S.C.

(19) OCCUPATION

Domestic(20) Number of children born to
mother, including present birth10(21) Number of children of this mother
now living, including present birth9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)F. B. CRAYTON,

(27) Filed

(28)

ANDERSON Registrar*When there was no attending physician or midwife, then the father, householder, etc., should make this report.
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.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.