

MARGIN RESERVED FOR ENDING.
 WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Solitude
 Township of No. 3
 Inc. Town of
 City of

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

File No.—For State Registrar Only
26136

Registration District No. 3902 Registered No. 39
 (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 Joe Dennis Ellis If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Boy (4) Type of Triplet (5) Number in order of birth (6) Age from Mother yes (7) DATE OF BIRTH July 29, 1923
 To be answered only in case of Twins or Triplets (Month) (Day) (Year)

FATHER.
 (8) FULL NAME Dennis Ellis
 (9) PRESENT POSTOFFICE OF FATHER Silver Street, S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 1 1/2

MOTHER.
 (14) NAME BEFORE MARRIAGE Annie McCrackin
 (15) PRESENT POSTOFFICE OF MOTHER Silver Street, S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 32
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Coleman
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Silver Street, S.C.

Given name added from a supplemental report

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 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Aug. 20, 1923 (28) J. P. Henderson 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.