

(1) PLACE OF BIRTH

County of *Sumter*Township of *Pinewood*

Inc. Town of

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
24148Registration District No. *411* Registered No. *36*

(For use of Local Registrar)

(2) Full Name of Child

Ellis Charles

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

(3) BOY OR GIRL
Boy

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are parents married?

(7) DATE OF BIRTH *June 22 1912*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE *Negro*

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *8 A.* M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *Memie Johnson*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Pinewood

Given name added from a supplemental report

..... 191....

..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) *S. S.*(27) Filed *July 12 1912* (28) *C. S. Grier* 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 28th month of pregnancy.