

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville

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

(2) Full Name of Child Andrew EllisonFile No. — For State Registrar Only
21104

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 22A Registered No. 383

(For use of Local Registrar)

St. Ward)

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

(6) Are Parents Married?

(7) DATE OF BIRTH July 23rd, 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Ellison

(9) PRESENT POSTOFFICE OF FATHER

Greenville, S. C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 32

(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Painter

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

1

MOTHER

(14) NAME BEFORE MARRIAGE Willie Howe

(15) PRESENT POSTOFFICE OF MOTHER

Greenville, S. C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 16

(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Washing

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 2 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) H. B. Smith

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

1414 St.1216 11th St.

even name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 23 is signed by mother)

(26) Full Name

W. B. Smith

(27)

(28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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