

(1) PLACE OF BIRTH

County of Malboro
 Township of Bermittsville
 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
43714

Registration District No. 3301 Registered No. 187
 (For use of Local Registrar)

(2) Full Name of Child Elma Ellerbe

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? no (7) DATE OF BIRTH Dec 22 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elma Ellerbe
 (9) PRESENT POSTOFFICE OF FATHER Bermittsville, SC
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29
 (Years) (12) BIRTHPLACE Bermittsville, SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Volama Poney
 (15) PRESENT POSTOFFICE OF MOTHER Bermittsville, SC
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18
 (Years) (18) BIRTHPLACE SC
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Oliver Townsend
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Bermittsville, SC

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

(27) FINE Dec 25 22 (28) Mr. J. W. Tate
 Registrar Local Registrar.

Given name added from a supplemental report

*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.