

## (1) PLACE OF BIRTH

County of AndersonTownship of Martin

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthNo. 12850 For State Registrar OnlyRegistration District No. 309 Registered No. 19  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(2) Full Name of Child Ella May Ashley If child is not yet named, make supplemental report as directed(3) SEX OF CHILD girl (4) Date of Birth May 10, 1923  
(5) Place of Birth Anderson Co. (6) Name of Mother Gertrude Castell

## FATHER.

(7) FULL NAME Edgar Ashley(8) PRESENT POSTOFFICE OF FATHER Belton S.C.(9) COLOR OR RACE white (10) AGE AT LAST BIRTHDAY 28 (Year)(11) BIRTHPLACE Anderson Co.(12) OCCUPATION Farmer

## MOTHER.

(13) NAME BEFORE MARRIAGE Gertrude Castell(14) PRESENT POSTOFFICE OF MOTHER Belton S.C.(15) COLOR OR RACE white (16) AGE AT LAST BIRTHDAY 30 (Year)(17) BIRTHPLACE Anderson Co.(18) OCCUPATION House wife(19) Number of children of this mother now living, including present birth six(20) Number of children born to mother, including present birth nine

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was white (Born alive or stillborn) (Hour 4 P. M. or P. M.)  
on the date above stated.(22) (Signature) J. C. Mignard M.D. (23) Address of Physician or Midwife Anderson S.C.

(24) State whether Physician or Midwife

Given name added from a supplemental report

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

(26) Date June 20, 1923 (27) Local Registrar R. P. R. Linn

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

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11/10/23 (Linn) #4