

Form No. 1

(1) PLACE OF BIRTH

County of Callhoun
 Township of Dixons
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only

29135

Registration District No. 80.2 Registered No. 10.3
 (For use of Local Registrar)

City of (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 Alex Ellis

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 19, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Ellis(9) PRESENT POSTOFFICE OF FATHER St. Matthews S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
 (Years)(12) BIRTHPLACE Callhoun Co(13) OCCUPATION Farm Help.(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Gardner(15) PRESENT POSTOFFICE OF MOTHER St. Matthews S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39
 (Years)(18) BIRTHPLACE Richland Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

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. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Virginia Gardner(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Matthews S.C.

Given name added from a supplemental report

(26) Witness Mrs. Keller
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 28, 1922 (28) W. J. Keller
 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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 5.