

(1) PLACE OF BIRTH
County of Albemarle
Township of Lane

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

File No.—For State Registrar Only
40290

Inc. Town of Registration District No. 2009 Registered No. 153
(For use of Local Registrar)
City of (No.) (Ward)
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Annie Lois Ellison If child is not yet named, make supplemental report as directed

(3) SEX Female (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 21 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME David Marion Ellison
(9) PRESENT POSTOFFICE OF FATHER Leo, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Training Laborer
(14) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Marabell Clifton
(15) PRESENT POSTOFFICE OF MOTHER Leo, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(Years)
(18) BIRTHPLACE Pa.
(19) OCCUPATION House
(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born at 430 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. H. O'Neil (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Leo, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 12/22/22 (28) P. H. O'Neil 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.

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