

MINNESOTA SCHOOL COURSE, No. 1. THIS OFFICE, No. 5, etc., in question 8.

(1) PLACE OF BIRTH
County of Marshall
Township of Detroit
or
Inc. Town of
or
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 Ellen Ellis (If child is not yet named, make supplemental report as directed)

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

File No. - For State Registrar Only
1667

Registration District No. 2701 Registered No. 6
(For use of Local Registrar)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 3 1922</u> (Month of Month) (Day) (Year)
(8) FULL NAME <u>Steve Ellis</u>			(10) NAME BEFORE MARRIAGE <u>John Ellis</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cauden</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Cauden</u>	
(10) COLOR OR RACE <u>Cel</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)		(12) COLOR OR RACE <u>Cel</u>	(13) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(14) BIRTHPLACE <u>Alb</u>	(15) OCCUPATION <u>laborer</u>		(16) BIRTHPLACE <u>Alb</u>	(17) OCCUPATION <u>housewife</u>
(18) Number of children born to mother, including present birth <u>2</u>			(19) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(20) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(21) (Signature) Wm. A. M. M. M. M.
(22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Cauden
Given name added from a supplemental report:
(24) Witness Wm. A. M. M. M. M. (Signature of Witness necessary only when question 22 is signed by proxy)
(25) Filed Jan 3 1922 (26) Local Registrar Wm. A. M. M. M. M.
When there was no attending physician or midwife, then the father, householder, etc., should make this return if a child breathes even once before the fifth month of pregnancy.