

(1) PLACE OF BIRTH

County of Barnwell
Township of Allen Hill
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

84386

Registration District No. 500 Registered No. 144
(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 Elizabeth Ellis

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in case of Twins or Triplets
(5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 9, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jason Ellis
(9) PRESENT POSTOFFICE OF FATHER Fairfax S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 46
(Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Carpenter

MOTHER.
(14) NAME BEFORE MARRIAGE d'izzie
(15) PRESENT POSTOFFICE OF MOTHER Fairfax S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35
(Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 5
(21) 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 alive at 5 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Fiona McDorch
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fairfax S.C.

Given name added from a supplemental report

(26) Witness F. H. Boyd
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 18, 1916 (28) F. H. Boyd 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.

MAILED 11 1916
WRITERS PLAINLY, WITH UNFADING INK, IN THE MIDDLE OF EACH LINE.
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.
MSC&W OF COLUMBIA, COLUMBIA, S. C.

Only

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