

Form No 1.

(1) PLACE OF BIRTH

County of GreenvilleTownship of FairviewInc. Town of Fountain InnCity of (No.)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only
43005Registration District No. 2206 Registered No. 103

(For use of Local Registrar)

(2) Full Name of Child Ben Charles Lellis

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

(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in event of Twin or triplet

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 12

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Broadus Lellis

(9) PRESENT POSTOFFICE OF FATHER

Fountain Inn S.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 28

(Years)

(12) BIRTHPLACE

Greenville Co., S.C.

(13) OCCUPATION

Clark in store

(14) Number of children born to mother, including present birth

one

MOTHER.

(14) NAME BEFORE MARRIAGE

Rose Arnett

(15) PRESENT POSTOFFICE OF MOTHER

Fountain Inn S.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 38

(Years)

(18) BIRTHPLACE

Laurens Co., S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:40 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John T. DeGraaf M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Fountain Inn S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan. 10, 1916.(28) J. H. Duell

Local Registrar

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

Caw of Columbia