

Form No. 1

## (1) PLACE OF BIRTH

County of Beaufort  
 Township of Sheldon  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

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

Registration District No. 6033

File No.—For State Registrar Only  
**13798**

Registered No. 33  
 (For use of Local Registrar)

(2) Full Name of Child Lilla May Ellingworth  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If child is not yet named, make supplemental report as directed)

(3) SEX OR GIRL Girl (4) Yes or (5) No (6) Yes or (7) No  
 (To be answered only in event of Twins or Triplets)  
 BIRTH May 15 22  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Pinck Ellingworth  
 (9) PRESENT POSTOFFICE OF FATHER Sumner  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)  
 (12) BIRTHPLACE Sheldon  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 7

## MOTHER

(14) NAME BEFORE MARRIAGE Grace Green  
 (15) PRESENT POSTOFFICE OF MOTHER Yemassee  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE Charleston 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 Rosanna at 11:00 A. M. (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Rosanna Robinson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report.

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

19 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_ 22 \_\_\_\_\_  
 Registrar 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.

MAJORS RECEIVED FOR BIRTHING  
 WHITE PLAINLY, WITH UNLADENING OF THE CHILD, AND MAKE THE  
 BIRTHING, NO. 1, THE OFFICE, NO. 2, CITY IN QUESTION 5.  
 BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.