

WRITE PLAINLY, WITH UNFADING INK, IN A PERMANENT INK, AND MARK THE  
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 1.

(1) PLACE OF BIRTH

County of *Harry*  
Township of *Bayboro*  
OF  
Inc. Town of  
OF  
City of (No. .... St. .... Ward)

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

File No.—For State Registrar Only  
**4197**

Registration District No *2.52* Registered No. *13*  
(For use of Local Registrar)

(2) Full Name of Child *Gauline Ellish* (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Feb 7 23*  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME *William Bethel Ellish*  
(9) PRESENT POSTOFFICE OF FATHER *Allbrook SC R3*  
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *43*  
(12) BIRTHPLACE *Harry Co SC*  
(13) OCCUPATION *Farming*  
(20) Number of children born to mother, including present birth *Eight*

MOTHER.  
(14) NAME BEFORE MARRIAGE *Frostie Johnson*  
(15) PRESENT POSTOFFICE OF MOTHER *Allbrook SC R3*  
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *39*  
(18) BIRTHPLACE *Harry Co SC*  
(19) OCCUPATION *Housewife*  
(21) Number of children of this mother now living, including present birth *Eight*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
(22) I hereby certify that I attended the birth of this child, who was *alive* at *9 P* M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) *Wm. Richardson*  
(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Louis SC*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed *Jan 8 1923* (28) *J. E. Bell* 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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