

(1) PLACE OF BIRTH

County of SpartanburgTownship of SpartanburgInc. Town of Converse S.C.City of Converse S.C.

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

(2) Full Name of Child Bobby Jellatson

File No.—For State Registrar Only

44692

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4008Registered No. 368

(For use of Local Registrar)

(3) BOY OR GIRL B

(4) Twin or Triplet?

(5) Number in order of birth 3(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov. 17, 1915

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Jellatson(9) PRESENT POSTOFFICE OF FATHER Converse S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION mill work(20) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Ora Carter(15) PRESENT POSTOFFICE OF MOTHER Converse S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE La. Co.(19) OCCUPATION 2nd M.(21) Number of children of this mother now living, including present birth 3 live

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 246 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Arthur G. Gannon

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianConverse S.C.

Given name added from a supplemental report

June 9, 1916Registrar

(26) Witness

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

(27) Filed Dec 12, 1915

(28)

P. H. Parker  
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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WHEN PLACED IN THESE SPACES, WITH READING 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, No. 1, THE OTHER, No. 2, etc., in question 3.