

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

22073

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child. *Mose James McEllough*

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

(1) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

George McEllough

(9) PRESENT POSTOFFICE OF FATHER

Kingsree Rt 1

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

35
(Years)

(12) BIRTHPLACE

Williamsburg Co

(13) OCCUPATION

Farmer

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Lizet Scott

(15) PRESENT POSTOFFICE OF MOTHER

Kingsree SC Rt 1

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

33
(Years)

(18) BIRTHPLACE

Williamsburg Co

(19) OCCUPATION

House Wife

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *3* P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

A. Dilade Boyd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife Kingsree SC Rt 1

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Aug 6 1923

(28)

A. Dilade 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.

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