

Form No. 1

## (1) PLACE OF BIRTH

County of AlfordTownship of Sycamore

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

19728

Registration District No. 4608Registered No. 31  
(For use of Local Registrar)(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Bess Ellen If child is not yet named, make supplemental report as directed

3 SEX OR <del>Gender</del>	4 Twin or Triplet?	5 Number in order of birth	6 Are Parents Married?	7 DATE OF BIRTH
	To be answered only in event of Twin or Triplet		<u>Yes</u>	<u>July 14, 1923</u> (Name) (Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME	<u>Joe Ellis</u>		14 NAME BEFORE MARRIAGE	<u>Rover Chresden</u>
9 PRESENT POSTOFFICE OF FATHER	<u>Sycamore</u>		15 PRESENT POSTOFFICE OF MOTHER	<u>Sycamore</u>
10 COLOR OR RACE	11 AGE AT LAST BIRTHDAY	<u>23</u> (Year)	16 COLOR OR RACE	17 AGE AT LAST BIRTHDAY
<u>Black</u>			<u>Black</u>	<u>20</u> (Year)
12 BIRTHPLACE	<u>Barnwell Co</u>		18 BIRTHPLACE	<u>Barnwell Co</u>
13 OCCUPATION	<u>B. B. Labor</u>		19 OCCUPATION	<u>Housewife</u>
20 Number of children born to mother, including present birth	<u>01</u>		21 Number of children of this mother now living, including present birth	<u>01</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Mary Presley(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife SycamoreGiven name added from a supplemen-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed July 20, 1923 (28) J. C. Mays  
Local Registrar.If 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