

Form No. 1

## (1) PLACE OF BIRTH

County of PickensTownship of Castletonor  
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

50230

Registration District No. 3.703Registered No. 34  
(For use of Local Registrar)(2) Full Name of Child Myrtie Ellenburg

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 25

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Anthony Ellenburg(9) PRESENT POSTOFFICE OF FATHER Timmonsville(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 5-4

(Years)

(12) BIRTHPLACE Pickens Co. S.C.(13) OCCUPATION turning(14) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Emma Chapman(15) PRESENT POSTOFFICE OF MOTHER Timmonsville, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 37

(Years)

(18) BIRTHPLACE Irony, S.C.(19) OCCUPATION House Keeping(20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was Alive at 11: A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Sarah Brown

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Midwife Jessie, S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed Mar. 13 1914 (27) A. T. Winchester

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. E.—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 8.  
McCaw, of Columbia.