

(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.)

2) Full Name of Child

File No.—For State Registrar Only

22804

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No.

2803

Registered No.

71

(For use of Local Registrar)

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

(3) BOY ☒ GIRL ☒ (4) Twin or Triplet? ☒ (5) Number in order of birth ☒ (6) Are Parents Married? ☒ (7) DATE OF BIRTH June 23 1922
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

L B Ellis

(14) NAME BEFORE MARRIAGE

Amanda Wright

(9) PRESENT POSTOFFICE OF FATHER

Marshwood

(15) PRESENT POSTOFFICE OF MOTHER

Marshwood

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

46 (Years)

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

46 (Years)

(12) BIRTHPLACE

Laurens Co S C

(18) BIRTHPLACE

Laurens Co S C

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housewife

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

16

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

16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9-15-22 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Marshwood

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed

July 15 1922

(28)

J C McElaine Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return, & 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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N. H.—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 5.

McGraw-Hill of Columbia