

MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the  
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 5.

(1) PLACE OF BIRTH

County of Murphy  
Township of .....  
or  
Inc. Town of Ashe  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**43823**

Registration District No. 3404 Registered No. 81  
(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 James David Ellison (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Bo (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 28 1922  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Robert Gething Ellison  
(9) PRESENT POSTOFFICE OF FATHER Ashe  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Section laborer Railroad  
(20) Number of children born to mother, including present birth Seven

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Emilia McPherson  
(15) PRESENT POSTOFFICE OF MOTHER Ashe  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION At home  
(21) Number of children of this mother now living, including present birth 27

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 1200 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) C. D. Jones  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Ashe

Given name added from a supplemental report

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

(27) Filed 1/9 1923 (28) R. J. Johnson 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.

\*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.