

(1) PLACE OF BIRTH

County of Anderson
 Township of Brushy Creek
 Inc. Town of.....
 City of.....

CERTIFICATE OF BIRTH

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

No. 1. - For use by Registrar
30937

Registration District No. 302 Registered No. 84
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Lee Ellenburg If child is not yet named, make supplemental report as directed

(3) SEX MALE (4) Type or Name To be named only in case of Twins or Triplets (5) Number in order of birth yes (6) DATE OF BIRTH Oct 14, 1923
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(10) FULL NAME <u>William F. Ellenburg</u>	(14) NAME BEFORE MARRIAGE <u>Euna Wilson</u>	(16) PRESENT ADDRESS OF FATHER <u>Easy 5 C.</u>	(16) PRESENT ADDRESS OF MOTHER <u>Easy 5 C.</u>
(12) COLOR <u>White</u>	(12) COLOR <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>51</u>	(17) AGE AT LAST BIRTHDAY <u>35</u>
(13) BIRTHPLACE <u>Abbeville Co., S.C.</u>	(13) BIRTHPLACE <u>Transylvania Co., N.C.</u>	(18) OCCUPATION <u>Farmer</u>	(18) OCCUPATION <u>Housewife</u>
(19) Number of children born to mother, including present birth <u>7</u>	(19) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 1 A. M. on the date above stated.

(21) (Signature) J. P. Pappas, M.D.
 (22) Name of Physician or Midwife Physician J. P. Pappas, M.D.
 (23) Address of Physician or Midwife P.O. Box 5, Easy 5 C.

(24) Witness (Signature of witness necessary only when question 20 is signed by mark)
W. H. H. S. M. D. J. (25) Local Registrar J. P. Pappas, M.D.

(26) This certificate, when properly filled out, should make this return. No report is desired of stillbirths.

(27) This certificate, when properly filled out, should make this return. No report is desired of stillbirths.