

THIS IS A PERMANENT RECORD. TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1 THE OTHER, No. 2, etc. In question 8

(1) PLACE OF BIRTH

County of Colleton
Township of W. Pond
OF
Inc. Town of Hallsville
OF
City of

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

File No. — For State Registrar Only
3531

Registration District No. 11 P. 7 Registered No. 17
(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 Robert Ellison

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

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet <u>To be covered only in event of Twin or Triplet</u>	5. Number in order of birth	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>Jan 10 1923</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
8. FULL NAME <u>Robert Ellison</u>	14. NAME BEFORE MARRIAGE <u>Josephine Leland</u>			
9. PRESENT POSTOFFICE OF FATHER <u>Hallsville</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Hallsville SC</u>			
10. COLOR OR RACE <u>Col</u>	11. AGE AT LAST BIRTHDAY <u>21</u> (Years)	16. COLOR OR RACE <u>Col</u>		17. AGE AT LAST BIRTHDAY <u>10</u> (Years)
12. BIRTHPLACE <u>NC</u>	18. BIRTHPLACE <u>NC</u>			
13. OCCUPATION <u>Truck Driver</u>	19. OCCUPATION <u>Housewife</u>			
20. Number of children born to mother, including present birth <u>1</u>	21. Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) William J. Smith
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hallsville

Given name added from a supplemental report

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

(27) Wm. J. Smith 19 23 (28) Mrs. B. B. Smith Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

Filed Jan 17 1923 at 19

Affidavit of Mother attached.