

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Rocky Brook
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31730

Registration District No. 3615 Registered No. 13
 (For use of Local Registrar)

City of (No. St. Word)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lizzie Ellison If child is not yet named, make supplemental report as directed

(3) ☒ BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 5 1921
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Glenton Ellison

(9) PRESENT POSTOFFICE OF FATHER North. S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Orangeburg. Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Inell Mitchell

(15) PRESENT POSTOFFICE OF MOTHER North. S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Orangeburg. Co.

(19) OCCUPATION House keeping

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) L. H. Ellison (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife North. S.C.

Given name added from a supplemental report

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

(27) Filed 1921 (28) L. E. Pech 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.

MAILED NOVEMBER 10, 1921. THIS IS A PRELIMINARY REPORT. IT IS NOT FINAL. IT IS SUBJECT TO CORRECTION. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE.