

MARGIN RESERVED FOR INDEXING.
WRITE MAINLY, WITH INDICATING INC.—THIS IS A PERMANENT RECORD.
If made use 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.

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield
Township of H. 9
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

38227

Registration District No. 1908 Registered No. 51
(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 Robert Ellison If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy (4) Twin or Triplet? Y (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 9, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Robert Ellison
9) PRESENT POSTOFFICE OF FATHER Winnabow
10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 37 (Years)
12) BIRTHPLACE New York SS
13) OCCUPATION Farmer
20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Rosa Sims
15) PRESENT POSTOFFICE OF MOTHER Winnabow
16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35 (Years)
18) BIRTHPLACE Winnabow SS
19) OCCUPATION Farmer
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 Alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Abbie Latta (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Winnabow, S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov. 28, 1922 (28) D. C. Ruff 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.