

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

Office of Registrar, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		37451	
Township of <u>Blythewood</u>		Registration District No. <u>3800</u>		Registered No. <u>163</u>	
Inc. Town of		(No. St. Ward)		(For use of Local Registrar)	
City of		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child <u>Nora Ellison</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Nov 23 23</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Elder Ellison</u>			(14) NAME BEFORE MARRIAGE <u>Viola Samuels</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Blythewood SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Blythewood</u>		
(10) COLOR OR RACE <u>col</u>			(16) COLOR OR RACE <u>col</u>		
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Richland Co</u>			(18) BIRTHPLACE <u>Richland</u>		
(13) OCCUPATION <u>wage hand</u>			(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>100</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Sallie Boulware</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>College Place</u>					
Given name added from a supplemental report			(26) Witness		
..... 19			(Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) Filed <u>Nov 30 1923</u> (28) <u>WA McLean</u> 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.