

FORM NO. 3.

(1) PLACE OF BIRTH

County of Harri

Township of Bayboro

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

77506

Registration District No. 2500 Registered No. 180

(For use of Local Registrar)

City of (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 Willie Belle Ellis } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 16, 1914
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME B. H. Ellis

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

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE Harri P.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE L. O. Thompson

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE (Marion) S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. P. Alberson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bayboro S.C.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Sept 18, 1914 (28) J. V. Gerald 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.

MARGIN RESERVED FOR BINDING.
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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.