

Form No. 1

## (1) PLACE OF BIRTH

County of BeaufortTownship of Beaufortor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. W3B

File No.—For State Registrar Only

37325

Registered No. 105  
(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 Elohim Welles If child is not yet named, make supplemental report as directed

|                                   |   |   |  |   |
|-----------------------------------|---|---|--|---|
| (3) SEX OR<br>CHILD<br><u>Boy</u> | (4) Twin<br>or Triplet?<br><u>No</u><br>To be answered only in event of Twins or Triplets | (5) Number in<br>order of birth<br><u>1</u> | (6) Are<br>Parents<br>Married?<br><u>Yes</u> | (7) DATE OF<br>BIRTH <u>Nov 27 22</u><br>(Name of Month) (Day) (Year) |
|-----------------------------------|---|---|--|---|

## FATHER.

(8) FULL NAME Lewis Welles(9) PRESENT POSTOFFICE OF FATHER Yemassee(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 42  
(Years)(12) BIRTHPLACE Beaufort Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Emma Powell(15) PRESENT POSTOFFICE OF MOTHER Yemassee(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 36  
(Years)(18) BIRTHPLACE Beaufort Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Harold Allen at 9 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Catherine Green

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed ..... (28) ..... 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.