

(1) PLACE OF BIRTH

County of CatharineTownship of Ameliaor
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

6680

Registration District No. 220 Registered No. 27
(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 Edna Ellis (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? ☒ (7) DATE OF BIRTH March 16, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Green(9) PRESENT POSTOFFICE OF FATHER St. Matthews(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Ellis (not married)(15) PRESENT POSTOFFICE OF MOTHER St. Matthews(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION House work(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 at 3 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane L. Snipe (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness A. R. Abbe
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed March 21, 1922 (28) A. R. Abbe
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.