

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown

Township of

OF

Inc. Town of

OR

City of Georgetown

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL

Boy

4) Twin or Triplet

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(5) Number in order of birth

4th

(6) Are Parents Married

yes

(7) DATE OF BIRTH

July 29, 1923

(Month)

(Day)

(Year)

FATHER.

(8) FULL NAME

HERBERT LINWOOD ELLING

(9) PRESENT POSTOFFICE OF FATHER

Georgetown - S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

41

(12) BIRTHPLACE

Henderson - N.C.

(13) OCCUPATION

Traveling Salesman

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

LEONORA BURNS

(15) PRESENT POSTOFFICE OF MOTHER

Georgetown - S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37

(18) BIRTHPLACE

Charleston - S.C.

(19) OCCUPATION

Housekeeping

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Wm. J. ...

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Georgetown - S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

Aug 14, 1923

(28)

Wm. R. Y. King

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

Division of Columbia, Columbia, S. C.