

(1) PLACE OF BIRTH

County of Calhoun
 Township of Suzanne
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only

63320

Registration District No. 502 Registered No. 83
 (For use of Local Registrar)

(2) Full Name of Child. Bentha Ellis

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <small>to be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 19 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Grace Ellis</u>			(14) NAME BEFORE MARRIAGE <u>Susanna Orange</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cameron, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cameron, S.C.</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> <small>(Years)</small>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(18) BIRTHPLACE <u>Calhoun Co</u>
(12) BIRTHPLACE <u>Calhoun Co</u>	(13) OCCUPATION <u>farm hand</u>	(19) OCCUPATION <u>housewife</u>	(21) Number of children of this mother now living, including present birth <u>3</u>	
(20) Number of children born to mother, including present birth <u>6</u>		CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. 5-P
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susanna Feigert(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cameron, S.C.

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

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

(27) Filed June 21 1916 (28) W. S. Keller
 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.