

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

63320

## (1) PLACE OF BIRTH

County of CalhounTownship of Suzanneor  
Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. .... St. .... Ward ....)Registration District No. 502 Registered No. 83

(For use of Local Registrar)

(2) Full Name of Child. Bentley Ellis

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

(3) BOY or GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <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</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Grace Ellis(9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Calhoun Co(13) OCCUPATION farm hand(14) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Susanna Orange(15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Calhoun Co(19) OCCUPATION housewife(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.) 5-P  
on the date above stated.(23) (Signature) Susanna Feigles(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cameron, S.C.

Given name added from a supplemental report

(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.