

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40706

## (1) PLACE OF BIRTH

County of AlbermarleTownship of MillersOR  
Inc. Town of.....OR  
City of.....Registration District No. 4605Registered No. 56  
(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 Ello Aubrey

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

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Dec 25 19 32  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Aubrey(9) PRESENT POSTOFFICE OF FATHER Luray SC(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 35  
(Year)(12) BIRTHPLACE SS Southern(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ello Aubrey(15) PRESENT POSTOFFICE OF MOTHER Luray SC(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 40  
(Year)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(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..... at..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ello Aubrey(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Luray SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 8 19 33(28) J. R. Rouse

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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

Registrar  
attending physi-  
cian even once, itther, how-  
ever, stillborn

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