Form 5-6

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, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 34784

(1) PLACE OF BIRTH

County of Greenwood

Township of .....
or
Inc. Town of .....
or
City of Greenwood

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

Registration District No. 23a

Registered No. [illegible] 163 (For use of Local Registrar)

(No. 344 Mill St.; ..... Ward)

(2) Full Name of Child Dorothy Francis Ellenberg (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Gre

(4) Twin or Triplet? —

(5) Number in order of birth 6

To be answered only in event of Twins or Triplets.

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sept 19 1922 (Name of Month) (Date) (Year)

FATHER.

(8) FULL NAME Flem Ellenberg

(9) PRESENT POSTOFFICE OF FATHER Greenwood SC

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Greenwood Co SC

(13) OCCUPATION Textile

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Elizabeth Goldman

(15) PRESENT POSTOFFICE OF MOTHER Greenwood SC

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Greenwood Co SC

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4.50 A.M. (Born alive or stillborn) (Hour P. M. or P. M.) on the date above stated.

(23) (Signature) Jno L Marshall

(24) State whether Physician or Midwife Phys

(25) Address of Physician or Midwife Greenwood

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Oct 10 1922 (28) W A Williams
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.

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