

(1) PLACE OF BIRTH

County of *Dillon*Township of *Harlesville*or
Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
72405Registration District No. *1609* Registered No. *65*

(For use of Local Registrar)

(2) Full Name of Child *Killie Ellison* { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets.

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *June 19, 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *James Ellison*(9) PRESENT POSTOFFICE OF FATHER *Dillon SC*(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *48* (Years)(12) BIRTHPLACE *SC*(13) OCCUPATION *Harmon*(20) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mollie McRae*(15) PRESENT POSTOFFICE OF MOTHER *Dillon SC*(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *44* (Years)(18) BIRTHPLACE *SC*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Celia* at *12 0* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Came Bethen*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife *Dillon SC*

Given name added from a supplemental report

, 191....

Registrar

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

(27) Filed *Aug 26, 1916* (28) *H. Anderson* 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.