

(1) PLACE OF BIRTH

County of JohnsTownship of Brooks

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

Registration District No. 2501

File No.—for State Registrar Only

736

Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Ellena Corcoran 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> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>4/22/23</u> (Name of Month) (Day) (Year)
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FATHER

8) FULL NAME William Herman Corcoran9) PRESENT POSTOFFICE OF FATHER Common A. F. D.10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 34 (Years)12) BIRTHPLACE Brooks County13) OCCUPATION Farmer20) Number of children born to mother, including present birth 1

MOTHER

14) NAME BEFORE MARRIAGE Ellena Corcoran15) PRESENT POSTOFFICE OF MOTHER Common A. F. D.16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 19 (Years)18) BIRTHPLACE Brooks County19) OCCUPATION Farmer21) 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 born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Corcoran(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Common A. F. D.

(Given name added from a supplemental report)

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

(27) Filed 4/25/23 (28) W. H. Corcoran 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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RECEIVED FOR FILING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

RECEIVED AT COLUMBIA, SOUTH CAROLINA, 5

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