

## (1) PLACE OF BIRTH

County of RichlandTownship of Liberty

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. 3705No. 25931Registered No. 62  
(For use of Local Registrar)(2) Full Name of Child Audrey Christian

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

(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet <u>-</u> To be covered only in event of Twin or Triplet	(5) Number in order of birth <u>-</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 18, 1923</u> (Month of Birth) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>John Ellenburg</u>	(14) NAME BEFORE MARRIAGE <u>May Fowler</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Liberty S.C. R. 1</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Liberty S.C. R. 1</u>
(10) COLOR OR HAIR <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>49</u> (Years)	(16) COLOR OR HAIR <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Homemaker</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at S.C. R. 1  
on the date above stated. (Very alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. Ellenburg(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Liberty S.C. R. 2(Given name added from a supplement-  
tal report)(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Sept 23, 1923 (28) J. C. Ellenburg

When there was no attending physician or midwife, then the father, householder, etc., should make the report.  
If a child breathes even once, it must not be reported as stillborn. No report is required if the child is born before the fifth month of pregnancy.

WHEN PLAINLY, WITH UNPAID IN.—THIS IS A PERMANENT RECORD.  
M. 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 2.