

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEDICAL OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No. For State Registrar Only <div style="border: 1px solid black; padding: 2px; display: inline-block;">28949</div>
County of <u>Durham</u>		Registration District No. <u>5-0-4</u>		Registered No. <u>83</u>
Township of <u>Shoemake</u>				(For use of Local Registrar)
Inc. Town of				
City of		(No. of street and number.)		Ward
(If birth occurs in a hospital or other institution, give name of same.)				
(2) Full Name of Child <u>Daniel Neal Ellison</u>				
(If child not yet named, make supplemental report as directed)				
(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sep 29 1922</u> (Name Month Day Year)
(8) FATHER		(9) MOTHER		
(10) FULL NAME <u>Arthur Ellison</u>		(11) NAME BEFORE MARRIAGE <u>Betty Jane Still</u>		
(12) PRESENT POSTOFFICE OF FATHER <u>Shoemake</u>		(13) PRESENT POSTOFFICE OF MOTHER <u>Shoemake</u>		
(14) COLOR OR RACE <u>White</u>		(15) AGE AT LAST BIRTHDAY <u>39</u>		
(16) BIRTHPLACE <u>Durham Co</u>		(17) COLOR OR RACE <u>White</u>		
(18) OCCUPATION <u>Farmer</u>		(19) AGE AT LAST BIRTHDAY <u>38</u>		
(20) Number of children born to mother, including present birth <u>8</u>		(21) BIRTHPLACE <u>Durham Co</u>		
		(22) OCCUPATION <u>Housewife</u>		
		(23) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
(24) I hereby certify that I attended the birth of this child, who was <u>White</u> at <u>10</u> M., on the date above stated. (Born alive or stillborn) (Hour) A. M. or P. M.)				
(25) (Signature) <u>D. K. Briggs</u>				
(26) State whether Physician or Midwife				
(27) Address of Physician or Midwife				
Given name added from a supplemental report 19 .. Registrar				
(28) Witness: (Signature of Witness necessary only when question 23 is signed by mark)				
(29) Filed <u>Oct 10 1922</u> (30) <u>W. L. Hammond</u> 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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