

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Surry</u>		STATE OF SOUTH CAROLINA		90312	
Township of .....		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Conway</u>		Registration District No. <u>25A</u>		Registered No. <u>64</u>	
or				(For use of Local Registrar)	
City of .....		(No. ....)		St.; ..... Ward)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Elizabeth Bessie Ann</u>		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>	(5) Number in order of birth <u>9</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 18th 1916</u>	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Henry Wilson Ambrose</u>			(14) NAME BEFORE MARRIAGE <u>Maudie M. Law</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Conway</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Conway</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>47</u>	(16) COLOR OR RACE <u>White</u>			
(12) BIRTHPLACE <u>North Carolina</u>		(17) AGE AT LAST BIRTHDAY <u>40</u>			
(13) OCCUPATION <u>Lumber Manufacturer</u>			(18) BIRTHPLACE <u>Canada</u>		
(19) OCCUPATION <u>at home</u>			(20) Number of children of this mother now living, including present birth <u>5</u>		
(21) Number of children of this mother now living, including present birth <u>5</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>3:15 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Harry L. Scarborough</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Conway S.C.</u>					
Given name added from a supplemental report					
<u>May 16, 1917</u>					
<u>W. M. Ellis</u> Registrar					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Dec. 28, 1916</u>					
(28) <u>W. M. Ellis</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.