

(1) PLACE OF BIRTH

County of Ashville

Township of W. A. Falls

Inc. Town of Cahoon Falls

or
City of

(No.
(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

No. - For State Register Only

26804

Registered No. **98**
(For use of Local Registrar)

St. Ward)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child W. A. Keiser Ellison

(3) BOY OR
GIRL Boy

(4) TIME
OR HOURS
IN WHICH BORN
IN INSTITUTION
TIME OF DAY OR NIGHT

(5) NUMBER IN
ORDER OF BIRTH
IN INSTITUTION
NUMBER OF CHILDREN BORN

(6) AM
OR
PM AM

(7) DATE OF

BIRTH Sept. 13, 1923
(Month Year) 1923 (Year)

FATHER

(8) NAME
OR
NICKNAME Oscar Ellison

(9) PRESENT
RESIDENCE
OF FATHER Cahoon Falls S.C.

(10) COLOR
OR
RACE Colored

(11) PLACE OF
BIRTH 41 a

(12) OCCUPATION
Frivour

(13) Number of children born to
mother, including present birth One

(14) NAME, ADDRESS
OR
NICKNAME Margie Keiser

(15) PRESENT
RESIDENCE
OF MOTHER Cahoon Falls S.C.

(16) COLOR
OR
RACE Colored

(17) PLACE OF
BIRTH S.C.

(18) OCCUPATION
House wife

(19) Number of children of this mother
now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(20) I hereby certify that I attended the birth of this child, who was alive at 7:27 A.M.
on the date above stated.
(more alive or stillborn) (Over A.M. or P.M.)

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

GIVEN NAME ADDED FROM A SUPPLEMENTAL REPORT

(24) WITNESS

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

(25) DATED Oct. 9, 1923. (By)

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.

Registrar

Local Registrar

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