

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  
County of Greenville  
Township of 11  
or  
Inc. Town of .....  
or  
City of 20 South St.  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(2) Full Name of Child Estelle Shirley Ellison  
child is not yet named, make supplemental report as directed

File No.—For State Registrar Only  
**18869**

(3) BOY OR GIRL? <u>X</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> To be answered only in event of Twins or Triplets	(6) Age of Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Wm. H. Ellison</u>			(14) NAME BEFORE MARRIAGE <u>Shirley Ellison</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>	
(10) COLOR OR RACE <u>W.</u>			(16) COLOR OR RACE <u>W.</u>	
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Greenville S.C.</u>			(18) BIRTHPLACE <u>Greenville S.C. (N.C.)</u>	
(13) OCCUPATION <u>Mill Operator</u>			(19) OCCUPATION <u>Beam work</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 5h M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) M. M. Furness  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report  
.....  
.....  
..... 19 ..  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Thos. M. ...  
(27) Filed June 24, 1922. (28) Thos. M. ... 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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