

(1) PLACE OF BIRTH

County of Franklin
Township of Franklin
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
35317

Registration District No. 3248 Registered No. 82
(For use of Local Registrar)

(2) Full Name of Child Ella Mae

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

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>4</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 4 1922</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *William James*

(9) PRESENT POSTOFFICE OF FATHER *Chicago*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *31*
(Years)

(12) BIRTHPLACE *Ill.*

(13) OCCUPATION *Fireman*

(20) Number of children born to mother, including present birth *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Antie Mae*

(15) PRESENT POSTOFFICE OF MOTHER *Carroll*

(16) COLOR OR RACE *col* (17) AGE AT LAST BIRTHDAY *27* (Yours)

(18) BIRTHPLACE *SC*

(19) OCCUPATION *House Hand*

(21) Number of children of this mother *10*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>W. H. Franklin</u>	(25) Address of Physician or Midwife
(24) State whether Physician or Midwife <u>Midwife</u>	<u>London</u>

Given name added from a supplement-
al report

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Registrar

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)
(27) Filed Oct 10 1922. (28) James H. Coe
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.