

(1) PLACE OF BIRTH

County of Ashe
Township of Edenton
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

No. For State Registrar Only
9686

Registration District No. 21.0 Registered No.
(For use of Local Registrar)
(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 Musmus Ellis

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Age Parents Married? Reg (7) DATE OF BIRTH Feb. 19, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Ellis
(9) PRESENT POSTOFFICE OF FATHER Edenton NC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Barwell NC
(13) OCCUPATION Sw Mill Hand
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bereha Ellis
(15) PRESENT POSTOFFICE OF MOTHER Edenton
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Barwell NC
(19) OCCUPATION None
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Fernie Brown
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edenton NC

Given name added from a supplemental report

(26) Witness W. B. Lawrence
(27) Filed 272 1922 (28) W. B. Lawrence 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.