

When there was no attending physician or midwife, then the father, householder, etc., should make this return. In a child's birth, even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

(1) PLACE OF BIRTH

County of Calhoun
Township of Port Hope
or
Inc. Town of Lowes SE
or
City of _____

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

File No.—For State Registrar Only
84590

Registration District No. 803 Registered No. 100
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mellie Ellis

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married Yes (7) DATE OF BIRTH Nov 1 1906
(Name of Month Day Year)

(8) FULL NAME Thomas Ellis
(9) PRESENT RESIDENCE OF FATHER Fort Mott SE
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
(12) BIRTHPLACE Fort Mott SE
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

(14) NAME BEFORE MARRIAGE Emma Sanders
(15) PRESENT RESIDENCE OF MOTHER Fort Mott SE
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30
(18) BIRTHPLACE Fort Mott SE
(19) OCCUPATION Wife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____ at 3:20 A.M. on the date above stated. (Born alive or stillborn) (Sex A. M. or P. M.)

(23) (Signature) Quonia Ingram
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report) and wife St Motte

(26) Witness Mrs J D S Londerman
(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Nov 10 1906 (28) J D S Londerman
Local Registrar

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