

MARGIN RESERVED FOR BINDING.

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN THE 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 Madison  
Township of Williamston  
or  
Inc. Town of.....  
or  
City of.....  
(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

File No.—For State Registrar Only  
**32977**

Registration District No. 3-C Registered No. 63  
(For use of Local Registrar)

(2) Full Name of Child

Michael Ellison

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

3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 10-24-22  
(State Month) (Day) (Year)

FATHER.

8) FULL NAME W. W. Ellison  
9) PRESENT POSTOFFICE OF FATHER Rt 2, Rt 1  
10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42  
(Years)  
12) BIRTHPLACE Madison S. C.  
13) OCCUPATION Farmer  
20) Number of children born to mother, including present birth 10

MOTHER.

14) NAME BEFORE MARRIAGE Marie Wood  
15) PRESENT POSTOFFICE OF MOTHER Williamston S. C.  
16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 44  
(Years)  
18) BIRTHPLACE Madison S. C.  
19) OCCUPATION Housewife  
21) Number of children of this mother now living, including present birth 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) William Russell  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 11-9-22 (28) William Russell 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.

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.

RECEIVED OF COLUMBIA, S. C.

100