

(1) PLACE OF BIRTH

County of Pickens

Township of

or
Inc. Town ofCity of Lasley SC(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 Turner Howell Ellison If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 8 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Harry Howell Ellison(9) PRESENT POSTOFFICE OF FATHER Lasley SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Pickens Co SC(13) OCCUPATION Mills Hand(20) Number of children born to mother, including present birth 2 no

MOTHER.

(14) NAME BEFORE MARRIAGE Emena McColl(15) PRESENT POSTOFFICE OF MOTHER Lasley SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE North Carolina(19) OCCUPATION Lasley SC(21) Number of children of this mother now living, including present birth 2 no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 9 a M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Wm J. Freeman(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Lasley SC

Given name added from a supplemental report

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

(27) Filed Feb 6 1922 (28) Ch. W. Wyatt 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.

A supplementary report

(Date of)

Address

Filed Aug. 26 1942 M.B. Woodward, M.D.

Registrar

Registrar

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.