

1 PLACE OF BIRTH

County of Anderson

Township of

In Town of

City of

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

2 Full Name of Child Ella Ethel Bridges

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

20815

Registration District No. 3ARegistered No. 241

(For use of Local Registrar)

(No. St.; Ward)

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

(1) SEX OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 1st (6) Are Parents Married? No (7) DATE OF BIRTH July 18, 1922

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FATHER'S NAME Severus Howell(9) PRESENT POSTOFFICE OF FATHER Anderson D.C. #7(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Anderson Co.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Ann Bridges(15) PRESENT POSTOFFICE OF MOTHER Anderson D.C. #7(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Anderson Co.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) F. B. Crayton(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson Co.

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness

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

(27) Filed 191.... (28) F. B. CRAYTON, 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.

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