

MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In 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.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of Myrtle BeachTownship of Amherst

Inc. Town of .....

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

80734

Registration District No. 1063 Registered No. 133

(For use of Local Registrar)

(2) Full Name of Child William M. Gene Ellis { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 6, 1916</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	--	---------------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME J. P. Ellis

(9) PRESENT POSTOFFICE OF FATHER Laffney P. R. 1

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { ..... 4 .....

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Pool

(15) PRESENT POSTOFFICE OF MOTHER Laffney P. R. 1

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE NC Gaston Co

(19) OCCUPATION House work

(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 white at 11:35 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Ellis father(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laffney P. R. 1

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by marks)(27) Filed Oct 26, 1916 (28) H. S. Pritchard 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.