

(1) PLACE OF BIRTH

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County of Bay

Township of St. Stephen

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

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STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 705

File No. — For State Registrar Only

File No. — For State Registrar Only

16858

Registered No. 50
(For use of Local Registrar)

(2) Full Name of Child Nazel Law Ellison

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan 4 1922
(Month) (Day) (Year)

FATHER.

(8) FULL NAME

Walter Ellison

(9) PRESENT POSTOFFICE OF FATHER

Russellville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31
(Years)

(12) BIRTHPLACE

Fla

(13) OCCUPATION

Carpenter

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

2

(14) NAME BEFORE MARRIAGE

Mardie Howell

(15) PRESENT POSTOFFICE OF MOTHER

Russellville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Fla

(19) OCCUPATION

Housewife

(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 born alive at 3 A.M. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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

July 3 1923

(28)

Local Registrar

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.