

Form No. 1

## (1) PLACE OF BIRTH

County of Cafferty  
 Township of Line Grove  
 or  
 Inc. Town of Line Har. S.C.  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Registrar Only  
**34980**

Registration District No. 803 Registered No. 74  
 (For use of Local Registrar)

City of ..... (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 Solter Ellis If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD BOY (4) Twin or Triplet #1 (5) Number in order of birth 12 (6) Are Parents Married yes (7) DATE OF BIRTH Nov. 21, 23  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Tom Ellis  
 (9) PRESENT POSTOFFICE OF FATHER It Motte S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 46  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Emma Smoots  
 (15) PRESENT POSTOFFICE OF MOTHER It Motte  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Wife  
 (20) 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 alive at 1:00 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife It Motte S.C.

Given name added from a supplement-  
 tal report

(26) Witness

Mrs. J. C. Stordennire  
 (Signature of Witness necessary only  
 when question 23 is signed by mark)

(27) Filed

Nov. 30, 1923

(28)

J. Stordennire

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report.  
 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.