

(1) PLACE OF BIRTH

County of Florence
 Township of Florence
 or
 Inc. Town of Florence
 or
 City of Florence

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

3805

Registration District No. 20-ARegistered No. 14

(For use of Local Registrar)

(No. 112 ManorSt.; Ward)

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

(2) Full Name of Child Ellen Mary Wilson

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

7 BOY OR GIRL girl

8 Total or Triplet

9 Number in order of birth

10 Are Parents Married yes11 DATE OF BIRTH Feb 12 1923

(Name of Month) (Day) (Year)

FATHER

12 FULL NAME Willie Freedy13 PRESENT POSTOFFICE OF FATHER Florence14 COLOR OR RACE white15 AGE AT LAST BIRTHDAY 32

(Year)

16 BIRTHPLACE Florence17 OCCUPATION not known

MOTHER

18 NAME BEFORE MARRIAGE Albina Williams19 PRESENT POSTOFFICE OF MOTHER Florence20 COLOR OR RACE white21 AGE AT LAST BIRTHDAY 30

(Year)

22 BIRTHPLACE Florence23 OCCUPATION House work24 Number of children born to mother, including present birth 625 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 2:00 M., on the date above stated. Hour A. M. or P. M.)(27) (Signature) Julius H. Hines(28) State whether Physician or Midwife Physician(29) Address of Physician or Midwife Florence

Give name added from a supplementary report

30 Witness

(Signature of Witness necessary only when question 28 is signed by mark)

Filed 2/27/23 at 2:00 P. M. P. H. P. Hines

When there was no attending physician or midwife, the report is based on the statement of the mother.