

(1) PLACE OF BIRTH

County of AndersonTownship of Hall

Inc. 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 Thelma EllisFile No.—For State Registrar Only
17530Registration District No. 306 Registered No. 28
(For use of Local Registrar)

3 SEX OR GIRL? girl 4 Number in order of birth 4 5 Are Parents Married? Yes 6 DATE OF BIRTH June 19, 1922
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

7 FULL NAME Ellis, Ellis
8 PRESENT POSTOFFICE OF FATHER Ma

9 COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 44
(Years)

12 BIRTHPLACE Anderson

13 OCCUPATION Farming

14 NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 9

14 NAME BEFORE MARRIAGE Ella Chickasaw

15 PRESENT POSTOFFICE OF MOTHER Ma

16 COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38
(Years)

18 BIRTHPLACE Anderson

19 OCCUPATION Housewife

20 NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 A.M. on the date above stated. (Sign alive or stillborn Hour A. M. or P. M.)

(23) (Signature) Caroline Thompson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ma

Given name added from a supplemental report

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

(27) Filed June 19, 1922 (28) S. M. McAdams 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.