

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

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

FILE—For this birth  
30239

County of Spaulding

Township of .....

Inc. Town of Valley FallsCity of Valley Falls S.C. (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 Jeanne Ruth Ellington (If child is not yet named, make supplemental report as directed)

(3) SEX OR ☒ Male ☐ Female (4) Time of birth One (5) Number in order of birth One (6) Is the child a twin? Yes (7) DATE OF BIRTH April 25, 1923  
(Name) (Month) (Day) (Year)

FATHER: (8) FULL NAME Newton B. Ellington (9) PRESENT POSTOFFICE OF FATHER Valley Falls S.C. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (12) BIRTHPLACE Pickens Co S.C. (13) OCCUPATION Mill Operator (14) Number of children born to mother, including present birth 5

MOTHER: (14) NAME BEFORE MARRIAGE Zena M. Carter (15) PRESENT POSTOFFICE OF MOTHER Valley Falls S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (18) BIRTHPLACE Hartsville N.C. (19) OCCUPATION Housekeeper (20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(22) (Signature) Dr. H. E. McHouder

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

Sept. 7, 1923  
J. A. R.  
Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Signed Sept. 10, 1923 (27) Mrs. G. F. Parker 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.

REPORT TO BE MADE MONTH OF pregnancy.

MADE IN THE STATE OF SOUTH CAROLINA, COUNTY OF SPIDING, TOWNSHIP OF VALLEY FALLS, CITY OF VALLEY FALLS, S.C., ON THE 7TH DAY OF SEPTEMBER, 1923, I, J. A. R., Registrar, do hereby certify that the foregoing is a true and correct copy of the original record of the birth of the child named above, as the same appears in the records of the Bureau of Vital Statistics, State Board of Health, State of South Carolina.