

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Marion

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

78222

Township of Adamsvilleor  
Inc. Town of .....Registration District No. 3200Registered 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. Hellie May Ellison { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 24 191- 6  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME David Ellison(14) NAME BEFORE MARRIAGE Lula May Woodley(9) PRESENT POSTOFFICE OF FATHER McClellan(15) PRESENT POSTOFFICE OF MOTHER McClellan(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE SC(18) BIRTHPLACE SC(13) OCCUPATION Laborer(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth { 2 }(21) Number of children of this mother now living, including present birth { 2 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 3 P (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Gummi Harris(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife McClellan

Given name added from a supplemental report

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

(27) Filed Sept 6 191- 6 (28) Henny Stanton 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.