

## (1) PLACE OF BIRTH

County Greenville

Township of .....

Inc. Town of .....

City of Greenville

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4291

Registration District No. 7-2-A, Registered No. 100

(For use of Local Registrar)

(No. 13 Whitney St. Ward)

## (2) Full Name of Child

Ellen Katherine Helker

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

(3) BOY OR GIRL X

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Age Parents Married

(7) DATE OF BIRTH

Feb 5-22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert Douglas Helker(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 33  
(Year)(12) BIRTHPLACE Lenoir Co. S.C.(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Helker(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 33  
(Year)(18) BIRTHPLACE Lenoir Co. S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. M. Lunsford

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Mar 8 1922 (28) C. E. Smith 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.

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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.

McGraw-Hill, Columbia, S. C.