

(1) PLACE OF BIRTH

County of Kershaw
 Township of DeKalb
 or
 Inc. Town of
 or
 City of Waterloo Mills

(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

19110

Registration District No. 2701Registered No. 115
(For use of Local Registrar)(No. 1302)

St.; Ward)

(2) Full Name of Child

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

3) BOY OR GIRL? Boy4) Twin or Triplet? ✓5) Number in order of birth 136) Are Parents Married? Yes

7) DATE OF BIRTH

June 17, 1922
(Give Month) (Day) (Year)

FATHER.

8) FULL NAME Mr Sidney Ellis9) PRESENT POSTOFFICE OF FATHER Camden, S.C.10) COLOR OR RACE White11) AGE AT LAST BIRTHDAY 31

(Years)

12) BIRTHPLACE Camden, S.C.13) OCCUPATION Cotton Mill20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Ethel V. Moon15) PRESENT POSTOFFICE OF MOTHER Camden, S.C.16) COLOR OR RACE White17) AGE AT LAST BIRTHDAY 28

(Years)

18) BIRTHPLACE Camden, S.C.19) OCCUPATION Domestic21) 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 at 12:05 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)

(23) (Signature) E. C. Jones

(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 nurse)

(27) Filed June 18, 1922

(28)

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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