

(1) PLACE OF BIRTH

County of MarionTownship of Reaser

Inc. Town of

City of

(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

Registration District No. 3705

File No. - For State Registrar Only

4171Registered No. 99
(For use of Local Registrar)

(2) Full Name of Child

Ellen Circus

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

(3) SEX <u>GIRL</u>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Twin Marion <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 24, 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Terry Circus</u>			(14) NAME BEFORE MARRIAGE <u>Naomi Nichols</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Mullens SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mullens SC</u>	
(10) COLOR OR RACE <u>Cl</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Cl</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Mullens SC</u>			(18) BIRTHPLACE <u>Mullens SC</u>	
(13) OCCUPATION <u>laborer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at P. A. M.
on the date above stated. (Born alive or stillborn) (Time A. M. or P. M.)(23) (Signature) Mellie M. Conley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Mullens SCGiven name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mother)(27) Filed Oct 17 23

(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.When there was no attending physician or midwife, then the father, householder, etc. should make this return.
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