

2. 1.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 McCaw, of Columbia.

CERTIFICATE OF BIRTH

County of Lexington STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Newbrookland State Board of Health

Inc. Town of Registration District No. 3105 Registered No. 2
 (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 Harry Ellsworth { If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
46844

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE BIRTH <u>Jan. 4 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Arthur Ellison</u>		(14) NAME BEFORE MARRIAGE <u>Maggie Bookland</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Newbrookland</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Newbrookland</u>		
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY (Years) <u>30</u>		(16) COLOR OR RACE <u>White</u>
(12) BIRTHPLACE <u>S.C.</u>		(17) AGE AT LAST BIRTHDAY (Years) <u>37</u>		
(13) OCCUPATION <u>farmer</u>		(18) BIRTHPLACE <u>A.C.</u>		
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3 o'clock on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Phyllis M. ...

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

Given name added from a supplemental report

June 29 1916

W. ... Registrar

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

(27) Filed 1/13 1916 (28) J. C. ... 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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