

(1) PLACE OF BIRTH

County of Anderson  
Township of Hartsville  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. for State Registrar Only  
**12845**

Registration District No. 309 Registered No. 28  
(For use of Local Registrar)

(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 Jellie Belle Ross If child is not yet named, make supplemental report as directed

3- SEX OR GIRL girl 4- Type or Triplet To be governed only in event of Twins or Triplets 5- Number in order of birth 6- Are Parents Married yes 7- DATE OF BIRTH 5-13 1923  
(Month) (Day) (Year)

FATHER.

8- FULL NAME Frank Ross  
9- PRESENT POSTOFFICE OF FATHER Tra # 4  
10- COLOR OR RACE Black 11- AGE AT LAST BIRTHDAY 37  
12- BIRTHPLACE Anderson Co.  
13- OCCUPATION Farmer  
20- Number of children born to mother, including present birth 1

MOTHER.

14- NAME BEFORE MARRIAGE Maude Blair  
15- PRESENT POSTOFFICE OF MOTHER Tra # 4  
16- COLOR OR RACE Black 17- AGE AT LAST BIRTHDAY 32  
18- BIRTHPLACE Anderson Co.  
19- OCCUPATION Housewife  
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 ..... at 6:25 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Wilford M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson Co.

Given name added from a supplemental report  
.....  
19.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) James R. Robinson 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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W. C. (Sub) # 4