

(1) PLACE OF BIRTH

County of Anderson

Township of Williams

Inc. Town of

City of

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

(2) Full Name of Child William Ellis

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

3) BOY OR GIRL girl

4) Twin or Triplet

FATHER.

5) FULL NAME

6) PRESENT POSTOFFICE OF FATHER

7) COLOR OR RACE

8) BIRTHPLACE

9) OCCUPATION

10) Number of children born to mother, including present birth

11) Are you married no

12) DATE OF BIRTH

January 2, 1923

MOTHER.

13) NAME BEFORE MARRIAGE

Leonor Norris

14) PRESENT POSTOFFICE OF MOTHER

Williamston

15) COLOR OR RACE

Colored

16) AGE AT LAST BIRTH

16

17) BIRTHPLACE

Anderson County

18) OCCUPATION

farmer

19) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Betty Masterson

(22) Since whether Physician or Midwife

(23) Address of Physician or Midwife

midwife Williamston, S.C.

Given name added from a supplemental report

(24) Witness

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

(25) Date Jan. 12, 1923

(26) J. P. Masterson

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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