

ALABAMA

Center for Health Statistics

CERTIFICATE OF BIRTH
STATE OF ALABAMA
Bureau of Vital Statistics
STATE BOARD OF HEALTH

File No.—For State Registrar Only
30897

(1) PLACE OF BIRTH
County of Mobile ⁴⁴
Inc. Town _____ Registration District No. 49-5035 Registered No. 7038
City of Mobile, Ala. (No. Ala. Maxsonix Home 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 Blanche Cecelia Ellis (If child is not yet named, make supplemental report when named.)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>420</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 11, 1921</u>
(8) FULL NAME OF FATHER <u>Clovis Rufus Ellis</u>		(14) NAME BEFORE MARRIAGE OF MOTHER <u>Amalie Marie Tranelid</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>400 Bloodgood St Mobile Ala</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>400 Bloodgood St Mobile Ala</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26 yrs</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>20 yrs</u>	
(12) BIRTHPLACE <u>Unknown</u>	(18) BIRTHPLACE <u>Mobile Ala</u>			
(13) OCCUPATION <u>Fireman on Train</u>	(19) OCCUPATION <u>Has none</u>			
(20) Number of children born to mother, including present birth <u>One</u>		(21) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was born Alive at 12:30 A.M. on the date above stated. (Alive or Stillborn) (Hour A.M. or P.M.)

(23) Signature C. A. Martin, M.D.
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife
Mobile, Ala

Given name added from a supplemental report _____
_____, 192____

Registrar.

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

(27) Filed 11 20 1921 (28) _____
Local Registrar.

*If there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even

MARGIN RESERVED FOR BINDING

Write Plainly, with Unfading Black Ink—This is a Permanent Record
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

TM 1-300M-20

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2016-349-959-6

Catherine M. Donald