

(1) PLACE OF BIRTH

County of Mecklenburg

Township of

or
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

File No.—For State Registrar Only

32975

Registration District No. 3-CRegistered No. 61
(For use of Local Registrar)(2) Full Name of Child William Russell

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

3) BOY OR GIRL? Boy(4) Twin or Triplet? No

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Sept 12 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. B. L. L.(9) PRESENT POSTOFFICE OF FATHER W. B. L. L.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE William Russell(15) PRESENT POSTOFFICE OF MOTHER William Russell(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William Russell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 11-7-1922

(28)

William Russell
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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MARGIN RESERVED FOR HANDING, WITH INDICATING INSTRUMENTS IN A PERMANENT RECORD. WRITE PLAINLY. NO WRITING OR TRIPLET USE SEPARATE BLANK FOR EACH CHILD AND DATE. DO FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MECKLENBURG, COLUMBIA, S. C.

N.

MCCAW