

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
Township of North
or
Inc. Town of.....
or
City of.....

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

File No.—For State Registrar Only
31751

Registration District No. 3617 Registered No. 99
(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 Eugene Bell

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 9 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Eugene Bell

(14) NAME BEFORE MARRIAGE Kensadie Williams

(9) PRESENT POSTOFFICE OF FATHER Marion S C

(15) PRESENT POSTOFFICE OF MOTHER Marion S C

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE S C

(18) BIRTHPLACE S C

(13) OCCUPATION Train Hand

(19) OCCUPATION Train Hand

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

(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 Alive at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Luzena Adams
(24) State whether Physician or Midwife 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)

19 ..
Registrar

(27) Filed 11-22-22 (28) J. A. Price 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.

THIS FORM IS TO BE USED FOR ALL BIRTHS, DEATHS, AND STILLBIRTHS, AND FOR THE FIRST-BORN, NO. 1. THIS OTHER, NO. 2, ETC., IN QUESTION 5.