

(1) PLACE OF BIRTH

County of Anderson
Township of Houma Patts
or
City of

CERTIFICATE OF BIRTH

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

Registration District No. 30.7 Registered No. 123
(For use of Local Registrar)

(2) Full Name of Child Evelyn Russell
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed.

(3) SEX OR GENDER Girl (4) TIME OF BIRTH 2:00 (5) YES Yes (6) DATE OF BIRTH Nov 19 1923
(7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

(1) NAME OF FATHER Joseph J. Russell
(2) PRESENT POSTOFFICE OF FATHER Houma Patts
(3) COLOR OR RACE White (4) AGE AT LAST BIRTH 34
(5) BIRTHPLACE Anderson S.C.
(6) OCCUPATION Farmer
(7) Number of children born to mother, including present birth 8
(8) NAME OF MOTHER Rossie L. Russell
(9) PRESENT POSTOFFICE OF MOTHER Houma Patts
(10) COLOR OR RACE White (11) AGE AT LAST BIRTH 40
(12) BIRTHPLACE Anderson S.C.
(13) OCCUPATION Domestic
(14) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was.....
on the date above stated. (Born alive or stillborn) (Sex: A. M. or F. M.)

(29) (Signature) [Signature] (30) Address of Physician or Midwife Houma Patts
(31) State whether Physician or Midwife

Given name added from a supplemental report

(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(33) Filed Nov 20 1923 (34) [Signature] (35) [Signature]

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

After month of

AS A CHIEF CLERK OF THE BUREAU OF VITAL STATISTICS, I HAVE HEREIN RECORDED THIS CERTIFICATE OF BIRTH.

[Signature]