

## (1) PLACE OF BIRTH

County of York  
 Township of York  
 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

20546

Registration District No. 4406 Registered No. 38  
 (For use of Local Registrar)

City of ..... (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 Joe 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 May 22, 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER (8) FULL NAME Peter Bell MOTHER (14) NAME BEFORE MARRIAGE Annie Bell

(9) PRESENT POSTOFFICE OF FATHER York Mill S.C. (15) PRESENT POSTOFFICE OF MOTHER York Mill S.C.

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 58 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 27  
 (Years) (Years)

(12) BIRTHPLACE N.C. (18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour and date P. M.)

(23) (Signature) Matthie Cagle (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife York Mill S.C.

Given name added from a supplemental report

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

(27) Filed 6/18/22 (28) A. L. P. K. Local Registrar

\*When there was no attending physician or midwife, that 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.