

(1) PLACE OF BIRTH

County of Springton
 Township of Shady Hills
 or
 the Town of

CERTIFICATE OF BIRTH

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

No. for this Registering
13700

Registration District No. 1510 Registered No. 36
 (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 Mary Wilson Russell (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Girl (4) Type or Figure To be entered only in case of Twins or Triplets (5) Age at Birth 0 (6) DATE OF BIRTH Feb 19, 1933
 (Name of Month) (Day) (Year)

FATHER: (1) NAME BEFORE MARRIAGE John Harold Russell (2) NAME BEFORE MARRIAGE Frances Lou Baker
 (3) PRESENT ADDRESS OF FATHER Shady Hills (4) PRESENT ADDRESS OF MOTHER Shady Hills
 (5) COLOR White (6) AGE AT LAST BIRTHDAY 25 (7) COLOR White (8) AGE AT LAST BIRTHDAY 25
 (9) BIRTHPLACE S. C. (10) BIRTHPLACE S. C.
 (11) OCCUPATION Farmer (12) OCCUPATION Housewife
 (13) Number of children born to mother, including present birth 1 (14) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was BORN ALIVE on the date above stated. (How A. M. or P. M.)

(16) (Signature) A. D. Greag (17) Address of Physician or Midwife Shady Hills
 (18) State of South Carolina

Given name added from a supplemental report

(19) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(20) May 24, 1933 (21) Registrar

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