

(1) PLACE OF BIRTH

County of Orleans

Township of

Inc. Town of

City of Easley

(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 HealthFile No.—For this Register
18779Registration District No. 37-A Registered No. 84

(For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triple To be answered only in event of Twin or Triple	5) Number in order of birth	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>June 20, 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Patterson R. Russell</u>			14) NAME BEFORE MARRIAGE <u>Allice Cline</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Easley</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Easley</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
12) BIRTHPLACE <u>N.C.</u>		18) BIRTHPLACE <u>Tenn.</u>		
13) OCCUPATION <u>Textile workers</u>		19) OCCUPATION <u>Housewife</u>		
20) Number of children born to mother, including present birth <u>4</u>		21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Ball M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Easley

Given name added from a supplemental report

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

(27) Signed June 29, 1923 (28) F. F. Wyatt 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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