

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Cav. of Columbia

(1) PLACE OF BIRTH
 County of Abbeville
 Township of
 or
 Inc. Town of
 or
 City of Abbeville (No. Harrells St.; 11th Ward)
 (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 Health

File No.—For State Registrar Only
45089

(2) Full Name of Child Robert M. Russell { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in event of Twin or Triplets</small>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 16 1911</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Henry Elliott Russell</u>			(14) NAME BEFORE MARRIAGE <u>Mary Bradley</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Clinton SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia SC</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Columbia, S.C.</u>			(18) BIRTHPLACE <u>Abbeville SC</u>	
(13) OCCUPATION <u>Teacher</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:15 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. Russell, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Abbeville SC

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Jan 17 1911 (28) J. P. Perkins 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.

*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.