

Form No. 1

(1) PLACE OF BIRTH

County of OconeeTownship of Ingles

or

Inc. Town of

or

City of

(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

69725

Registration District No. 3525 Registered No. 107

(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 Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 28</u> (Name of Month) (Day) (Year)
FATHER <u>V. F. Bell</u>		MOTHER <u>Pety Pool</u>		
(8) PRESENT POSTOFFICE OF FATHER <u>Westminster</u>		(14) NAME BEFORE MARRIAGE <u>Pety Pool</u>		
(9) COLOR OR RACE <u>White</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Westminster</u>		
(10) AGE AT LAST BIRTHDAY <u>24</u> (Years)		(16) COLOR OR RACE <u>White</u>		
(11) BIRTHPLACE <u>South Carolina</u>		(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) OCCUPATION <u>Farming</u>		(18) BIRTHPLACE <u>South Carolina</u>		
(13) Number of children born to mother, including present birth <u>3</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 7:30 P.M. on the date above stated. (Born, alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Jenna Alexander(24) State whether Physician or Midwife Address of Physician or Midwife
Westminster, S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed 8-5 1911

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*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.