

(1) PLACE OF BIRTH

County of Horry

Township of Bayboro

Inc. Town of \_\_\_\_\_

City of \_\_\_\_\_

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.: \_\_\_\_\_ Ward: \_\_\_\_\_

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64767

Registration District No. 2500

Registered No. 1524

(For use of Local Registrar)

(2) Full Name of Child David Lance Bell

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of twins or triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 1 1916</u> (Name of Month) (Day) (Year)
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#### FATHER.

(8) FULL NAME Perry David Bell

(9) PRESENT POSTOFFICE OF FATHER Allbrook S.E. R. 2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Horry Co., S.C.

(13) OCCUPATION Farmer

(16) Number of children born to mother, including present birth Four

#### MOTHER.

(14) NAME BEFORE MARRIAGE Florence Pessie Stroud

(15) PRESENT POSTOFFICE OF MOTHER Allbrook S.E. Route 2

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Horry Co., S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth Four

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) Dr. Richard J. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Loris 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 June 1 1916 (28) Sub W.E. Houghton 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.

WRITE PLAINLY. WHEN USING TYPE-WRITER 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 8.