

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

(1) PLACE OF BIRTH

County of Lancaster
 Township of Cedar Creek
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4340

Registration District No. 2802 Registered No. 4
 (For use of Local Registrar)

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

(2) Full Name of Child Jessie Lee Bell

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

(3) SEX OR GENDER Female (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth yr (7) DATE OF BIRTH Feb 4 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Bell
 (9) PRESENT RESIDENCE OF FATHER Lancaster # 3
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 21
 (Year) (12) BIRTHPLACE Lancaster co
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Pet Tillman
 (16) PRESENT RESIDENCE OF MOTHER Lancaster # 3
 (17) COLOR OR RACE Col (18) AGE AT LAST BIRTHDAY 17
 (Year) (19) BIRTHPLACE Lancaster co
 (20) OCCUPATION Farmwork
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza Bell
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lancaster # 3

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Feb 10 1923 (28) J. A. Contha 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.