

## (1) PLACE OF BIRTH

County of AndersonTownship of W. Morris

Inc. Town of

City of

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 313

File No. - For State Registrar Only  
**9950**

Registered No. 13  
 (For use of Local Registrar)

(No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sarthy Louise Bernell If child is not yet named, make supplemental report as directed

3. 250-08 GIRL? 4. Twin or Triplet? 5. Number in order of birth 6. Are Parents Married? yes 7. DATE OF BIRTH June 7, 1922  
 (Specify Month) (Day) (Year)

**FATHER.**

8. FULL NAME J. F. Bernell  
 9. PRESENT POSTOFFICE OF FATHER Anderson  
 10. COLOR OR RACE W 11. AGE AT LAST BIRTHDAY 57 (Years)  
 12. BIRTHPLACE Cincinnati  
 13. OCCUPATION farmer  
 20. Number of children born to mother, including present birth 3

**MOTHER.**

14. NAME BEFORE MARRIAGE Lillie Mc Gill  
 15. PRESENT POSTOFFICE OF MOTHER Anderson  
 16. COLOR OR RACE W 17. AGE AT LAST BIRTHDAY 37 (Years)  
 18. BIRTHPLACE Ind. Co  
 19. OCCUPATION Housewife  
 21. Number of children of this mother now living, including present birth 2

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

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 5:10 P.M. on the date above stated. V. A. Smithers, M.D.  
 (23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report?

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed May 16, 1922 (28) E. A. Elliott 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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