

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Centeror
Inc. Town ofor
City of(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 Nellie Harrell

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

(3) SEX OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth 3(6) Are Parents Married? Yes(7) DATE OF BIRTH June 26, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Irwin Harrell(9) PRESENT POSTOFFICE OF FATHER D.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Richland Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie McBeth(15) PRESENT POSTOFFICE OF MOTHER Edgewood 80(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Richland Co. S.C.(19) OCCUPATION House Keeper(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nellie Ryall Midwife(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edgewood 80

Given name added from a supplemental report

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

(27) Filed June 30, 1922 (28) A. B. R. Lee 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.