

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Division of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH

County of *Richland*

Township of *Bluffton*

Inc. Town of

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

Registration District No. *3800*

No. *37447*

Registered No. *154*
(For use of Local Registrar)

(2) Full Name of Child *Linn May Bell*

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

(3) SEX OR CHILD *girl* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *Nov 8 1923*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *David Bell*
(9) PRESENT POSTOFFICE OF FATHER *Bluffton*
(10) COLOR OR RACE *col* (11) AGE AT LAST BIRTHDAY *21*
(12) BIRTHPLACE *Bluffton Co*
(13) OCCUPATION *Farmer*
(14) Number of children born to mother, including present birth *1*

MOTHER.
(15) NAME BEFORE MARRIAGE *Esther Barber*
(16) PRESENT POSTOFFICE OF MOTHER *Bluffton S.C.*
(17) COLOR OR RACE *col* (18) AGE AT LAST BIRTHDAY *19*
(19) BIRTHPLACE *Bluffton Co*
(20) OCCUPATION *Farmer help*
(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* *72* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Anna Brewer*
(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Bluffton*

Given name added from a supplemental report

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

(27) Filed *Nov 14 1923* (28) *W. R. McLean* 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.