

(1) PLACE OF BIRTH

County of SpartanburgTownship of Campobello

Inc. Town of

City of

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

(2) Full Name of Child Bertie RussellFile No. — For State Registrar Only
30179Registration District No. 4021 B Registered No. 69
(For use of Local Registrar)(3) BOY OR
GIRL girl(4) Twin
or Triplet
To be answered only in event of Twin or Triplet(5) Number in
order of birth(6) Are
Parents
Married yes(7) DATE OF
BIRTH Sept 24 1923
(Month) (Day) (Year)

FATHER.

(8) FULL
NAME Edgar Russell(9) PRESENT
POSTOFFICE
OF FATHER Campobello Route 4(10) COLOR
OR
RACE white (11) AGE AT LAST
BIRTHDAY 26
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION farmer(14) Number of children born to
mother, including present birth 3

MOTHER.

(14) NAME BEFORE
MARRIAGE Lettie Russell(15) PRESENT
POSTOFFICE
OF MOTHER Campobello Rte 4(16) COLOR
OR
RACE white (17) AGE AT LAST
BIRTHDAY 26
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION house wife(20) 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 alive at 11 9 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. B. Wilson M. D.(24) State whether Physician or Midwife physician (25) Address of Physician or Midwife Campobello Rte 4(Given name added from a supplement
report)(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 19 (28) Bertie Russell
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.