

(1) PLACE OF BIRTH

County of Kershaw
 Township of DeKalb
 Inc. Town of Humidays
 or Mills
 City of _____

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

File No.—For State Registrar Only

1878

Registration District No. 2701Registered No. 17
(For use of Local Registrar)(No. 26 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

Russell

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 70 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 25, 1922
 (Age of Month) (Day) (Year)

FATHER.

(8) FULL NAME David W. Russell
 (9) PRESENT POSTOFFICE OF FATHER Camden, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49 (Years)
 (12) BIRTHPLACE Union Co. S.C.
 (13) OCCUPATION Farmer & carpenter
 (20) Number of children born to mother, including present birth 1 son

MOTHER.

(14) NAME BEFORE MARRIAGE Lora M. Frome
 (15) PRESENT POSTOFFICE OF MOTHER Camden, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 45 (Years)
 (18) BIRTHPLACE Union Co. S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) S. C. Green

(24) State whether Physician or Midwife _____ Address of Physician or Midwife _____

Given name added from a supplemental report

(25) Witness _____ (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed _____ 1922 (28) _____ 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.

THIS IS TO BE FILED IN THE OFFICE OF THE STATE REGISTRAR, BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.
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