

Form No. 1

## (1) PLACE OF BIRTH

County of Richland  
 Township of Lower  
 or  
 Inc. Town of Easton  
 or  
 City of Easton

(If birth occurs in a hospital, mother

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

36299

Registration District No. 3803Registered No. 2431  
(For use of Local Registrar)

St.; ..... Ward)

(Give name of same instead of street and number.)

(2) Full Name of Child Chas. R. Rell

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

(3) BOY OR GIRL girl

(4) Twin or Triplet

ELOUIS

(5) Are Parents Married?

(7) DATE OF BIRTH

Oct 20 1922

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME

W. R. Rell

NAME BEFORE MARRIAGE

Daisy Lebrant

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) PRESENT POSTOFFICE OF MOTHER

Chimbera S C

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

4 2

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

2 1

(12) BIRTHPLACE

Easton S C

(18) BIRTHPLACE

Easton S C

(13) OCCUPATION

Preacher

(19) OCCUPATION

House Keeping

(20) Number of children born to mother, including present birth

1.000

(21) Number of children of this mother now living, including present birth

1.000

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

alive at 10:00 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Emma Brantson

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1922

(28)

Local Registrar.19  
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 Bureau of Columbia, Columbia, S. C.