

(1) PLACE OF BIRTH

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County of Tryon
 Township Tryon
 Inc. Town of
 City of

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

No. — For State Registrar Only
41406

Registration District No. Registered No. 168
 (For use of Local Registrar)

(2) Full Name of Child Marion E. Russell (No. St. Ward) ...
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) SEX OF CHILD Girl (4) Twin or Triple No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Nov. 18, 1923
 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Van B. Russell (9) PRESENT POSTOFFICE OF FATHER Ellisto S.C. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (12) BIRTHPLACE Flournoy County (13) OCCUPATION Farmer
 MOTHER: (14) NAME BEFORE MARRIAGE Eva Russell (15) PRESENT POSTOFFICE OF MOTHER Ellisto S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (18) BIRTHPLACE Clarendon County (19) OCCUPATION Domestic (20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (21) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated. (22) (Signature) F. M. Garrison (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Tryon S.C.

Given name added from a supplemental report (25) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. F. McIntosh (26) Filed 11/24/23 (27) 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 sixth month of pregnancy.