

## (1) PLACE OF BIRTH

County of Granwood

Township of .....

or  
Inc. Town of .....or  
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

File No.—For State Registrar Only

42817

Registration District No. 2802Registered No. 19

(For use of Local Registrar)

2) Full Name of Child Charles Henry Bell

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

to be answered only in event of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 14, 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert McSwain Bell(9) PRESENT POSTOFFICE OF FATHER Irving, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Gertrude B. Bell(15) PRESENT POSTOFFICE OF MOTHER Irving, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. H. McSwain

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Irving, S.C.

Given name added from a supplemental report

101

Registrar

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

(27) Filed Dec 28, 1922 (28) W. H. Clegg 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.

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