

(1) PLACE OF BIRTH

County Greenville

Township of

or Inc. Town of

City of Greenville (No. 12 Sub 200)

or birth occurs in a hospital, 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

7715

Registration District No. 209B Registered No. 91

For use of Local Registrar

(2) Full Name of Child Cora Lu Bell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 2, 1922
(Year) (Month) (Day) (Year)

FATHER: (8) FULL NAME Thomas O. Bell MOTHER: (14) NAME BEFORE MARRIAGE Clayton Cora

(9) PRESENT POSTOFFICE OF FATHER Greenville (15) PRESENT POSTOFFICE OF MOTHER Greenville

(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 26 (Year) (16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 22 (Year)

(12) BIRTHPLACE N.C. (18) BIRTHPLACE N.C.

(13) OCCUPATION Teacher (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3 (21) 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 or stillborn at 4 P.M. on the date above stated.

(23) (Signature) Dr. J. W. Bell (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Mar. 2, 1922 (28) Local Registrar Mrs. McCall

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.