

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Kershaw  
Township of Waterloo  
or  
Inc. Town of.....  
or  
City of.....

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

File No.—For State Registrar Only  
**43117**

Registration District No. 270.4. Registered No.....  
(For use of Local Registrar)

(No. .... 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 James Claburn Harrell child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~  
(4) Twin or Triplet?  
To be answered only in case of Twins or Triplets  
(5) Number in order of birth  
(6) Are Parents Married? Yes  
(7) DATE OF BIRTH Dec 6 19 22  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Clarence Harrell</u>	(14) NAME BEFORE MARRIAGE	<u>Louisa Outin</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Lugoff SC</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Lugoff SC</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)
(12) BIRTHPLACE	<u>Kershaw co</u>	(18) BIRTHPLACE	<u>Kershaw co.</u>
(13) OCCUPATION	<u>Farming</u>	(19) OCCUPATION	<u>Farming</u>
(20) Number of children born to mother, including present birth	<u>1 (one)</u>	(21) Number of children of this mother now living, including present birth	<u>1 (one)</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was... Alive... at. 8 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Wood Lugoff SC  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blaney SC

Given name added from a supplemental report

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

(27) Filed Dec 31 1922 (28) Ans To D. Gandy 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.

MOBAY OF COLUMBIA, COLUMBIA, S. C.