

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumner</u>		STATE OF SOUTH CAROLINA		18957	
Township of <u>Walnut Grove</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of <u>Wm. Sharts</u>		Registration District No. <u>234</u>		Registered No. <u>61</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>57</u>)		St. <u>Sumner</u> (Ward)	
(2) Full Name of Child <u>Albert Lee Henry</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 22, 1902</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Henry Russell</u>			(14) NAME BEFORE MARRIAGE <u>Esther Hughes</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Williamston, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wm. Sharts</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>Charleston, S.C.</u>			(18) BIRTHPLACE <u>Andrews, N.C.</u>		
(13) OCCUPATION <u>Carpenter</u>			(19) OCCUPATION <u>Office education</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Mrs. Mary Russell</u> at <u>4 P.M.</u> on the date above stated, <u>July 22, 1902</u> (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Physician</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Wm. Sharts, S.C.</u>					
Given name added from a supplemental report			(26) Witness <u>Chas. Bonte</u>		
			(Signature of Witness necessary only when question 23 is signed by mark)		
1902 Registrar			(27) Filed <u>July 22, 1902</u>		
			(28) <u>Chas. Bonte</u> 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.