

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

File No. — For State Registrar Only
17063

(1) PLACE OF BIRTH
 County of Walter
 Township of Jericho
 or
 Inc. Town of
 or
 City of

Registration District No. 4304 Registered No. 6
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St. Wood

(2) Full Name of Child Fred 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 27, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bob Bell
 (9) PRESENT POSTOFFICE OF FATHER Winyaw, S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farm hand

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Garden
 (15) PRESENT POSTOFFICE OF MOTHER Winyaw, S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth { 2 } (21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Virnia Cooper
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Winyaw, S.C.

Given name added from a supplemental report

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

(27) Filed Feb 3, 1922 (28) P. H. R. Local Registrar

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 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.