

(1) PLACE OF BIRTH

County of WayneTownship of Law

Inc. Town of .....

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

56076

Registration District No. 2207 Registered No. 4

(For use of Local Registrar)

(2) Full Name of Child

Gracie Dora Bell

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr 13 1906</u>
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FATHER		MOTHER		
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(8) FULL NAME <u>Albert Donald Bell</u>	(9) NAME BEFORE MARRIAGE <u>Wesley Thomas</u>
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(10) PRESENT POSTOFFICE OF FATHER <u>Wayne, S.C. R.F.D. 4</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Wayne, S.C. R.F.D. 4</u>
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(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>29</u>	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>28</u>
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(16) BIRTHPLACE <u>Salem</u>	(17) BIRTHPLACE <u>Salem</u>
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(18) OCCUPATION <u>Mill Foreman</u>	(19) OCCUPATION <u>Housewife</u>
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(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>5</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Wayne, S.C. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) M. D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added to or supplemental to name

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Apr 19 1906 (28) E. J. Henderson Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes dead in utero, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

M. D. — 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 2.

M. D. of Columbia.