

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 A. 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 8.

(1) PLACE OF BIRTH

County of Lancaster
 Township of Cedar Creek
 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

4350

Registration District No. 2802

Registered No. 3
 (For use of Local Registrar)

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

(2) Full Name of Child Unnamed Bell

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

(3) BOY OR GIRL..... (4) Twin or Triplet..... (5) Number in order of birth..... (6) Are Parents Married yes (7) DATE OF BIRTH Feb 6, 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ernest L. Bell
 (9) PRESENT POSTOFFICE OF FATHER Lancaster # 3
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Year)
 (12) BIRTHPLACE Lancaster co
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Rev L. Duncan
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster # 3
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Year)
 (18) BIRTHPLACE Lancaster co
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was alive at 7 P. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) Eliza Bell

(23) (Date whether Physician or Midwife) Mid wife

(24) Address of Physician or Midwife Lancaster # 3

Given name added from a supplemental report

(25) Witness.....

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed Feb 10, 1923

(27) Local Registrar.

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