

File No. - For State Registrar Only
13015

County of Washburn
Township of 1st
or
Inc. Town of

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

Registration District No. 100 Registered No. 100
(For use of Local Registrar)

City of (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 Thomas H. Russell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>boy</i>	(4) Title or Position	(5) Number in order of birth	(6) Age (years) <i>yes</i>	(7) DATE OF BIRTH <i>May 21, 22</i> (Name of Month) (Day) (Year)
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<p>FATHER</p>		<p>MOTHER</p>	
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(a) FULL NAME	Thomas Clavel	(14) NAME BEFORE MARRIAGE	Mary Simon
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PRESENT POSTOFFICE OF FATHER Cordesville SC (10) PRESENT POSTOFFICE OF MOTHER Cordesville SC

(16) COLOR BRN (17) AGE AT LAST BIRTHDAY 21

(7b) BIRTHPLACE *London, England*

(15) OCCUPATION

<p><u>G. v. m.</u></p>	<p><u>La Borer</u></p>
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(20) Number of children born to mother, including present birth	5	(21) Number of children of this mother now living, including present birth	5
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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* ... *at* ... *at* ...
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(20) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-

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

(27) Filed May 26 1963 (28) Local Registered

*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.

...and the other two are the same as in the previous case.