

MARGIN RESERVED FOR RECORDING.  
 WRITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. 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 4.

(1) PLACE OF BIRTH

County of Cherokee  
 Township of Christ Church  
 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  
27514

Registration District No. 201

Registered No. ....  
 (For use of Local Registrar)

(2) Full Name of Child David Thompson Bell (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Sex <u>Male</u>	(7) DATE OF BIRTH <u>July 29, 1923</u> (Day of Month) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>David Thompson Bell</u>			(10) NAME BEFORE MARRIAGE <u>David Thompson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>1115 Pleasant</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>1115 Pleasant</u>	
(14) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(15) AGE AT LAST BIRTHDAY <u>26</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Year)	
(12) BIRTHPLACE <u>Cherokee, Ga.</u>			(13) BIRTHPLACE <u>Cherokee, Ga.</u>	
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. J. H. McElwain

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 29, 1923 (28) 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.