

(1) PLACE OF BIRTH

County of Berkley
 Township of St. Stephens
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
9462

Registration District No. 705 Registered No. 42
 (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 Herbert Wayne Russell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL B (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Age of Father yes (6) DATE OF BIRTH Feb. 28, 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME E. H. Barnette
 (9) PRESENT RESIDENCE OF FATHER Russellville
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
 (Year) (12) BIRTHPLACE S. C.

(13) OCCUPATION Stationary Engineer

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Violet Russell
 (15) PRESENT RESIDENCE OF MOTHER Russellville
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
 (Year) (18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. J. Boushain, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife St. Stephens S. C.

Given name added from a supplemental report

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

(27) Date May 4, 1923 (28) Mr. A. Floyd
 Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the 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.