

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Willow
 or
 Inc. Town of.....
 or
 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

23515

Registration District No. 3617 Registered No. 77
 (For use of Local Registrar)

St. Ward)

(2) Full Name of Child Sara Bell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 19 1900
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME William Bell (14) NAME BEFORE MARRIAGE Sara Hart
 (9) PRESENT POSTOFFICE OF FATHER Warren S C (15) PRESENT POSTOFFICE OF MOTHER Warren S C
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 48 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 47
 (12) BIRTHPLACE S (18) BIRTHPLACE S
 (13) OCCUPATION Farmer (19) OCCUPATION Field hand
 (20) Number of children born to mother, including present birth 10 (21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Harrison (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife W. J. Harrison

Given name added from a supplemental report

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

(27) Filed June 21 1900 (28) J. E. Harrison 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.

MARCH, RECOMMENDED FOR READING. THIS IS A PERMANENT RECORD. WHEN PLACING THIS RECORD IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MACAIB OF COLUMBIA, COLUMBIA, S. C.