

1. THE OTHER, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Anderson</u>		STATE OF SOUTH CAROLINA		40873	
Township of <u>Marble</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>209</u>		Registered No. <u>86</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>B. D. Russell</u>				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>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 27, 1922</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>B. D. Russell</u>			(14) NAME BEFORE MARRIAGE <u>Miss Hawkins</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>...</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>...</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>Anderson, S. C.</u>			(18) BIRTHPLACE <u>...</u>		
(13) OCCUPATION <u>...</u>			(19) OCCUPATION <u>...</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>...</u> at <u>7:20</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>...</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>...</u>					
Given name added from a supplemental report <u>...</u>			(26) Witness <u>...</u>		
(19) Registrar <u>...</u>			(27) Filed <u>Jan 4, 1923</u>		
			(28) <u>P. P. R. ...</u> 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.					
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RECEIVED OF COLUMBIA, COLUMBIA, S. C.

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