

(1) PLACE OF BIRTH
County of Auderson
Township of 11
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
71189

Registration District No. 3A Registered No. 288
(For use of Local Registrar)
City of Mitchell - Riverside (No. 7)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Normie Russell { If child is not yet named, make supplemental report as directed

(3) SEX OF GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Aug 13 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Lewis H. Russell
(9) PRESENT POSTOFFICE OF FATHER Auderson SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (Years)
(12) BIRTHPLACE Cogfield Co., SC
(13) OCCUPATION Mill Operating
(20) Number of children born to mother, including present birth three

MOTHER.
(14) NAME BEFORE MARRIAGE Margaret Moore
(15) PRESENT POSTOFFICE OF MOTHER Auderson SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Abbeville Co. SC
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 5:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) R. Carl Saunders M.D.
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Auderson SC

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1916 (28) J. B. Clayton 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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MARGIN: THIS IS A PERMANENT RECORD. IT IS NOT TO BE DESTROYED. IT IS A SEPARATE BLANK FOR EACH CHILD. IT IS NOT TO BE REUSED FOR TWINS OR TRIPLETS. IT IS NOT TO BE REUSED FOR CHILDREN BORN AT THE SAME PLACE AND TIME. FIRST-BORN, No. 1, THE OTHER, No. 2, etc. in questions 4, 5, 10, 11, 16, 17, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.