

(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)

(No. 7 Mitchell-Riverside Mobile)

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

(3) 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 Coggfield 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 Adherville 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 (25) Address of Physician or Midwife M.D. Auderson

Given name added from a supplemental report

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

(27) Filed 191 (28) J.B. [Signature] 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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