Form No. 1

(1) PLACE OF BIRTH

County of Dillon

Township of Casswell

or

Inc. Town of .....

or

City of ..... LETHIA (No. ..... St.; ..... Ward)

(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

29933

Registration District No. 1601 Registered No. 69

(For use of Local Registrar)

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl	Twin	2	Yes	Sept 20 1922

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Ira Russell

(9) PRESENT POSTOFFICE OF FATHER Hamer S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Cross mill work

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Cain

(15) PRESENT POSTOFFICE OF MOTHER Hamer S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE N.C.

(19) OCCUPATION Cotton mill work / housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 10 M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. Campbell

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Marion N.C.

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed Sept 20 19 22 (28) [illegible] 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Bryan of Columbia, Columbia, S. C.