

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....

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

No. 10.—For State Registrar Only

3978

Registration District No. 22A

Registered No. 91

(For use of Local Registrar)

(No. 639 Hampton Hwy) Ward)

## (2) Full Name of Child

Lucile Lucile Russell

If child is not yet named, make supplemental report as directed

1) SEX  
MALE2) Twin  
or Triplet3) Number in  
order of birth

To be answered only in case of Twin or Triplet

4) Age  
at birth

5) DATE OF BIRTH

(Name of Month) (Day) (Year)

6) FULL  
NAME

W. T. Russell

7) PRESENT  
POSTOFFICE  
OF FATHER

Green S.S.

8) COLOR  
OR  
RACE

White

9) AGE AT LAST  
BIRTHDAY

27

10) BIRTHPLACE

Honea path S.S.

11) OCCUPATION

U.S.P. Health Patient

12) Number of children born to  
mother, including present birth

one

13) NAME BEFORE  
MARRIAGE

Lucile Garrison

14) PRESENT  
POSTOFFICE  
OF MOTHER

Green S.S.

15) COLOR  
OR  
RACE

White

16) AGE AT LAST  
BIRTHDAY

27

17) BIRTHPLACE

Spartanburg S.S.

18) OCCUPATION

Housewife

19) Number of children of this mother  
now living, including present birth

one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(21) (Signature) (22) (Name of Physician or Midwife)

Delaney, at City

Hospital

(23) (Address of Physician or Midwife)

(24) Witness

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

(25) Date

(26) Local Registrar

When there was no physician or midwife, then the father, householder, etc., should make this return.  
If a child borned, then it should be reported as stillborn. No report is desired of stillbirths.