

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 5.

## (1) PLACE OF BIRTH

County of  Spartanburg Township of  Campobello or Inc. Town of  City of  

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No.  4001-A 

File No.—For State Registrar Only

23896

Registered No.  65   
(For use of Local Registrar)(No.   St.;   Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child  Elyse Edwitt Bagwell  If child is not yet named, make supplemental report as directed3) BOY OR GIRL?  Girl (4) Twin or Triplet?  (5) Number in order of birth  1   
To be answered only in event of Twins or Triplets(6) Are Parents Married?  Yes (7) DATE OF BIRTH  May 29, 1922   
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME  Edward Roland Bagwell 9) PRESENT POSTOFFICE OF FATHER  Campobello, S.C. (10) COLOR OR RACE  White (11) AGE AT LAST BIRTHDAY  39   
(Years)12) BIRTHPLACE  Spartanburg, S.C. 13) OCCUPATION  Farmer 20) Number of children born to mother, including present birth  14 

## MOTHER.

(14) NAME BEFORE MARRIAGE  Susan Minnie Brady (15) PRESENT POSTOFFICE OF MOTHER  Campobello, S.C. (16) COLOR OR RACE  White (17) AGE AT LAST BIRTHDAY  38   
(Years)(18) BIRTHPLACE  Campobello, S.C. (19) OCCUPATION  Housework (21) Number of children of this mother now living, including present birth  14 

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was  born  at  8 P.M.  on the date above stated. (Born alive or stillborn. Hour M. or P.M.)(23) (Signature)  R. Y. [Signature] (24) State whether Physician or Midwife  Midwife (25) Address of Physician or Midwife  [Address] 

Given name added from a supplemental report

 Mrs. P. Lessene  7-16-46  19   Registrar

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

(27) Filed  6-22  19 22  (28)  C. L. Mayberry  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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