

(1) PLACE OF BIRTH

County of AndersonTownship of HopewellOR
Inc. Town of

City of

(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 Mary Bell

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

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|------------------------------|--|------------------------------|--------------------------|---|
| (3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH <u>June 15 1922</u> (Month) (Day) (Year) |
|------------------------------|--|------------------------------|--------------------------|---|

FATHER.

(8) FULL NAME Adger Williams(9) PRESENT POSTOFFICE OF FATHER Winston Salem(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Abbeville(13) OCCUPATION Miner(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Bell(15) PRESENT POSTOFFICE OF MOTHER Anderson SC(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Abbeville(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 a.m. on the date above stated, (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Rice

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 20 1922 (28) 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.