

## (1) PLACE OF BIRTH

County of Chesterfield  
 Township of Churaw

or  
 Inc. Town of

or  
 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

File No.—For State Registrar Only

18147

## CERTIFICATE OF BIRTH

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

Registration District No. 1201 Registered No. 5-6  
 (For use of Local Registrar)

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH May 24, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Elex Russell

(9) PRESENT POSTOFFICE OF FATHER

Churaw S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

28  
 (Years)

(12) BIRTHPLACE

Rockingham N.C.

(13) OCCUPATION

farm hand

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie House

(15) PRESENT POSTOFFICE OF MOTHER

Churaw S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

26  
 (Years)

(18) BIRTHPLACE

Georgia

(19) OCCUPATION

house business

(20) 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 3 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Mary M. M. M.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Chesterfield

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

June 10, 1922

(28)

P. B. Ingram

Local Registrar

When there was no attending physician or midwife, when 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 fourth month of pregnancy.

NOTE: 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.

NEW, of Columbia.