

Form No. 1

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Use

31870

Registration District No. 3707Registered No. 13

(For use of Local Registrar)

(No.)

St.;

Ward)

(If birth occurs in a hospital or other institution, give name of place instead of street and number.)

(2) Full Name of Child

Edw. Haskell Stansell

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

(3) BOY OR GIRL B

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Sept 23, 1922
(Name) (Month) (Day) (Year)

FATHER

(8) FULL NAME

J. E. Stansell

(9) PRESENT POSTOFFICE OF FATHER

Pisano S.S.(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 26
(Year)

(12) BIRTHPLACE

S.S.

(13) OCCUPATION

Farmer

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

2

MOTHER

(14) NAME BEFORE MARRIAGE

Eve Ferguson

(15) PRESENT POSTOFFICE OF MOTHER

Pisano S.S.(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 26
(Year)

(18) BIRTHPLACE

S.S.

(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
on the date above stated.(23) (Signature) J. E. Stansell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Pisano S.S.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 24, 1922

(28) Local Registrar

E. H. Hitt

*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.

THIS IS A PERMANENT RECORD. 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.

RECEIVED AT COLUMBIA, S. C.