

Form No. 1

(1) PLACE OF BIRTH

County of BurkeTownship of St. StephenInc. Town of St. StephenCity of St. Stephen

(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

File No.—For State Registrar Only

63259

Registration District No. 705 Registered No. 33

(For use of Local Registrar)

(2) Full Name of Child Manning Russell { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Age of Parents	(7) DATE BIRTH <u>June 16</u> 191 <u>6</u>
To be answered only in case of Twins or Triplets			Married?	(Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME A. P. Russell

(10) PRESENT POSTOFFICE OF FATHER St. Stephen S.C.

(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 35 (Years)

(13) BIRTHPLACE S.C.

(14) OCCUPATION Truman Sug. Crawl.

(15) Number of children born to mother, including present birth 5

MOTHER.

(16) NAME BEFORE MARRIAGE Annie McIntosh

(17) PRESENT POSTOFFICE OF MOTHER St. Stephen S.C.

(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 33 (Years)

(20) BIRTHPLACE S.C.

(21) OCCUPATION Housewife

(22) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10:00 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. D. Colson

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

Physician St. Stephen S.C.

Given name added from a supplemental report

Nov 11 1916

C. W. Miller

Supy Registrar

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

(27) Filed 1916 (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.

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD—
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and answer the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.