

Form No. 1

(1) PLACE OF BIRTH

County of Dillon
 Township of Cornwall
 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 Only

29934

Registration District No. 1601 Registered No. 68
 (For use of Local Registrar)

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 Lena Pearl Russell

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

(3) BOY OR GIRL girl (4) Twin or Triplet? Triplet (5) Number in order of birth 1 (6) Are Parents Married? ye (7) DATE OF BIRTH Sept 20 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ira Russell
 (9) PRESENT POSTOFFICE OF FATHER Hamer, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE N.C.
 (13) OCCUPATION Cotton mill work
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bertie Cain
 (15) PRESENT POSTOFFICE OF MOTHER Hamer S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE N.C.
 (19) OCCUPATION Cotton mill work & Housewife
 (21) 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 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. W. Cornwall

(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 Sept 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.

WITH UNFADING INK—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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.