

## (1) PLACE OF BIRTH

County of CherokeeTownship of SumnerInc. Town of Cowart

City of .....

(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

Registration District No. 103 Registered No. 74

(For use of Local Registrar)

(2) Full Name of Child Russell May Doss

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

(3) Sex or Gender Girl (4) Age at Birth 10 (5) Date of Birth June 9, 1923

## FATHER.

(6) Full Name M. Colain Doss(7) Present Post Office of Father Goffney R. S.(8) Color or Race White (9) Age at Last Birthday 3-2(10) Birthplace York Co. S.(11) Occupation Cotton mill work(12) Number of children born to mother, including present birth 10

## MOTHER.

(13) Name before marriage Alma Pennington(14) Present Post Office of Mother Goffney R. S.(15) Color or Race White (16) Age at Last Birthday 40(17) Birthplace Sturtevant Co. S.(18) Occupation Domestic(19) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alma on the date above stated.(21) (Signature) J. H. Nesbitt

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

(24) Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(26) Filed July 10, 1923 (27) H. A. Pennington 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.

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