

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

30098

Registration District No. Registered No. 1911

(For use of Local Registrar)

(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 Henry Bell Jr (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 23, 1929
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Bell(9) PRESENT POSTOFFICE OF FATHER Winthrop(10) COLOR OR RACE Blk(11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE Laurel(13) OCCUPATION Domestic(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Oda Dean(15) PRESENT POSTOFFICE OF MOTHER Winthrop(16) COLOR OR RACE Blk(17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE Laurel(19) OCCUPATION Housemaid(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline S. S. S.

(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 19 (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.