

(1) PLACE OF BIRTH

County of LaurensTownship of Jacksor
Inc. Town ofor
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

File No.—For State Registrar Only

90633

Registration District No. 2903 Registered No. 66

(For use of Local Registrar)

(2) Full Name of Child Mattie E. Bell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 18 1916</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Litch Bell(9) PRESENT POSTOFFICE OF FATHER Laurens SC(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 54 (Years)(12) BIRTHPLACE W.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 5 }

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Peter(15) PRESENT POSTOFFICE OF MOTHER Laurens(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17 1/2 (Years)(18) BIRTHPLACE W.C.(19) OCCUPATION Housewife(21) 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 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Amanda Peter

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

Midwife Laurens

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 4 1917 (28) D. H. Capeland 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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N. B.—In case of twins or triplets, give name of each child, and mark the distinguishing initials, No. 1, 2, etc., in question 5.

