

(1) PLACE OF BIRTH

County of Beaufort
 Township of Shelburne

or
 Inc. Town of

or
 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. Registered No.
 (For use of Local Registrar)

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

(3) Sex Male (4) Type of birth Normal (5) Number in order of birth 1 (6) Are parents married? Yes (7) DATE OF BIRTH Jan 18 1923
 (Month of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Henry Russell</u>	(14) NAME BEFORE MARRIAGE <u>Matie Washington</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Yemassee</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Yemassee</u>
(12) COLOR OR RACE <u>negro</u>	(18) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(10) COLOR OR RACE <u>negro</u>	(16) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Big State</u>	(18) BIRTHPLACE <u>Big State</u>	(10) OCCUPATION <u>Farm work</u>	(16) OCCUPATION <u>Farm work</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Wm. Russell
 (24) State whether Physician or Midwife (25) Address of Phys. or Midwife

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed (28)

When there was no attending physician or midwife, then the father, householder, etc., should report. If a child breathes even once, it must not be reported as stillborn. No report is required before the 25th month of pregnancy.

MASSACHUSETTS DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 100 STATE STREET, BOSTON, MASS.
 FORM 10-2-23
 PRINTED AT THE STATE PRINTING OFFICE, BOSTON, MASS.