

(1) PLACE OF BIRTH

County of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only

12745

Township of

or Town of Piedmont

or City of

Registration District No. 3 BRegistered No. 32

(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 Laura May Bell

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

3 SEX OF CHILD Female

4 Type or Triplet

5 Number in order of birth

6 Are Parents Married Yes7 DATE OF BIRTH May 12 24

(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Rev. Bell9 PRESENT RESIDENCE OF FATHER Piedmont10 COLOR OR RACE White11 AGE AT LAST BIRTHDAY 33

(Year)

12 BIRTHPLACE S.C.13 OCCUPATION Miss work

MOTHER.

14 NAME BEFORE MARRIAGE Lilla May Moore15 PRESENT RESIDENCE OF MOTHER Piedmont16 COLOR OR RACE White17 AGE AT LAST BIRTHDAY 26

(Year)

18 BIRTHPLACE N. C.19 OCCUPATION Domestic20 Number of children born to mother, including present birth 421 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 at M.,
(in the date above stated.) born alive or stillborn. (For A. M. or P. M.)(23) (Signature) J. H. Campbell

(24) State or Other Physician or Midwife

(25) Address of Physician or Midwife Piedmont

Give name added from a supplemental report

(26) Witness

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

(27) Filed May 19 24

(28)

Local Registrar

19 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.

a Supplementary report

Address 24 Mon

Filed

19

Registrar