

Form No. 10. **MAILED** RECEIVED FEBRUARY 1916. WITH READING INK—THIS IS A PRELIMINARY RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH
County of Chester
Township of Kelleville
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
48541

Registration District No. 1104 Registered No. 7
(For use of Local Registrar)
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 Annin May Russell } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? - (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 1, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Henry Russell
(9) PRESENT POSTOFFICE OF FATHER Chester S.C. Rt 2
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 48 (Years)
(12) BIRTHPLACE Chester Co.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 9

MOTHER.
(14) NAME BEFORE MARRIAGE Lou
(15) PRESENT POSTOFFICE OF MOTHER Chester S.C. Rt 2
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Chester Co.
(19) OCCUPATION House wife
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1.0 Clock A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Cinda Landis
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chester S.C.

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness Henry Russell
(Signature of Witness necessary only when question 26 is signed by mark)
(27) Filed Feb. 4, 1916 (28) H. W. McDaniel 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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