

## (1) PLACE OF BIRTH

County of Berkeley  
 Township of 2 S. 1 E.  
 or  
 Inc. Town of James  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6618

Registration District No. 701 Registered No. 23  
 (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 Rabbel Bell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin no (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH MAR 22 1922  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Peter Bell  
 (9) PRESENT POSTOFFICE OF FATHER Summerville S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Berkeley Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 10

MOTHER.  
 (14) NAME BEFORE MARRIAGE Lillian Cooper  
 (15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE Ballantown C.D.  
 (19) OCCUPATION house wife  
 (21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Lelia Adams  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summerville S.C.

Given name added from a supplemental report:

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

(27) Filed MAR 22 1922 (28) R. G. Harmon 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.