

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

32197

Registered No.

(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 Francis Virginia Bell

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

3) BOY OR GIRL

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married?

7) DATE OF BIRTH

Sept 8 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

Walter Hendel Bell

9) PRESENT POSTOFFICE OF FATHER

Apalache Sp.

10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

25

12) BIRTHPLACE

Guer, S.C.

13) OCCUPATION

Mill oper.

14) Number of children born to mother, including present birth

2

## MOTHER.

14) NAME BEFORE MARRIAGE

Leona Wilson

15) PRESENT POSTOFFICE OF MOTHER

Apalache Sp.

16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

23

18) BIRTHPLACE

Guer, S.C.

19) OCCUPATION

Housework

21) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:50 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 15 1922

(28)

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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