

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH		Standard Certificate of Birth		23 047719	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA		Bureau of Vital Statistics	
Township of <u>Woodruff S.T.</u>		State Board of Health		Registration District No. <u>40-8</u>	
Inc. Town of <u>Woodruff S.T.</u>		St. ;		Ward	
City of		(No. ;		(If birth occurs in a hospital or other institution, give name of same instead of street and number)	
2. FULL NAME OF CHILD		<u>Hellie Kate Carnell</u>		If child is not yet named, make supplemental report as directed	
3. Boy or Girl	If Plural births	4. Twins, triplets or other	6. Premature	7. Are Parents	8. Date of birth
<u>Girl</u>					<u>June 29, 1923</u>
9. Full name	FATHER	5. Number, in order of birth	Full term	Married?	(Month, day, year)
<u>John Carnell</u>					
10. Residence (mailing address)	11. Color or race		18. Name before marriage		MOTHER
<u>Woodruff S.T.</u>	<u>W</u>	<u>39</u>	<u>Ellie Woodruff</u>		
(If non-resident, give place and State)	12. Age at child's birth		19. Residence (mailing address)		
	<u>W</u>	<u>39</u>	<u>Woodruff</u>		
13. Birthplace (city or place)	20. Color or race		21. Age at child's birth		
<u>South Carolina</u>	<u>W</u>	<u>48</u>	<u>South Carolina</u>		
(State or country)	22. Birthplace (city or place)		(State or country)		
	<u>South Carolina</u>				
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
<u>Farmer</u>	<u>Housewife</u>				
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.	25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work		
16. Date (month and year last) engaged in this work	17. Total time (years) spent in this work		27. Number of children of this mother (At time of birth and including this child)		
			(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn		
28. If stillborn, period of gestation	29. Cause of stillbirth		Before labor		
			During labor		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5:00 A.</u> m. on the date above stated.					
(Born alive or stillborn)					
I certify that I instilled or had instilled in the eyes of this child at <u>5:15</u> M. on above date <u>107° Mrs. L. L. L.</u>					
(Name of Prophylactic)					
Cleft Palate. Hare Lip. Other Deformities. (Specify)					
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)					
(Signed) <u>B. B. L. L.</u> M. D.					
or					
Address					
Filed <u>July 31</u> , 19 <u>23</u> <u>M. B. Woodruff</u> Registrar.					
Given name added from a supplementary report (Date of)					
Registrar.					