

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD each, in order of birth, stated.

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

(See instructions on Back of Certificate)

1. PLACE OF BIRTH		Standard Certificate of Birth		FI 23 047719	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA			
Township of <u>Woodruff S.T.</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Woodruff S.T.</u>		Registration District No. <u>40</u>		(For use of Local Registrar)	
City of		(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		<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 Married?	8. Date of birth
<u>Girl</u>			<u>yes</u>	<u>yes</u>	<u>June 29, 1923</u> (Month, day, year)
9. Full name		18. Name before marriage		MOTHER	
<u>John Carnell</u>		<u>Ellie Woodruff</u>			
10. Residence (mailing address)		19. Residence (mailing address)			
<u>Woodruff S.T.</u>		<u>Woodruff</u>			
(If non-resident, give place and State)		(If non-resident, give place and State)			
11. Color or race	12. Age at child's birth	20. Color or race	21. Age at child's birth		
<u>W</u>	<u>39</u> (years)	<u>W</u>	<u>48</u> (years)		
13. Birthplace (city or place)		22. Birthplace (city or place)			
<u>South Carolina</u>		<u>South Carolina</u>			
(State or country)		(State or country)			
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.			
<u>Farmer</u>		<u>Housewife</u>			
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.			
16. Date (month and year last) engaged in this work		25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work	
17. Total time (years) spent in this work		19.			
27. Number of children of this mother (At time of birth and including this child)		(a) Born alive and now living		(b) Born alive but now dead	
		<u>2</u>		<u>0</u>	
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° No. 13</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. J. [Signature]</u>		M. D.	
Given name added from a supplementary report		or		Midwife	
(Date of)		Address		Filed <u>July 31, 1923</u>	
				<u>M. B. Woodruff</u>	
Registrar.				Registrar.	