

## (1) PLACE OF BIRTH

County of Greenwood  
 Township of Greenwood  
 or  
 Inc. Town of Greenwood  
 or  
 City of Greenwood

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**42838**

Registration District No. 2306 Registered No. 168  
 (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 Russell Fuller Hale If child is not yet named, make  
 supplements as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 5 1922</u> (Name of Month, (Day) (Year)
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## FATHER.

(8) FULL NAME Walter Ezekiel Hale  
 (9) PRESENT POSTOFFICE OF FATHER Greenwood  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46  
 (Years)  
 (12) BIRTHPLACE Washington Co  
 (13) OCCUPATION mae after  
 (20) Number of children born to mother, including present birth 18

## MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Belle Russell  
 (15) PRESENT POSTOFFICE OF MOTHER Greenwood S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 41  
 (Years)  
 (18) BIRTHPLACE Coffeeville Co  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was .... alive .... at 8:45 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. M. Fuller(24) State whether Physician or Midwife Phys(25) Address of Physician or Midwife Greenwood

Given name added from a supplement-  
 tal report

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

(27) Filed Jan 10 1923 (28) J. F. Brooks  
 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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