

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar

28588

Registration District No. Registered No. 2299a

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ludell Ornel Bell If child is not yet named, make supplemental report as directed

3 BOY OR GIRL Boy 4 Twin or Triplet No 5 Number in order of birth 1 6 Sex Male 7 DATE OF BIRTH Sept 17 1923
 (Month of Birth) (Day) (Year)

FATHER.		MOTHER.	
8 FULL NAME <u>Ludell Ornel Bell</u>	14 NAME BEFORE MARRIAGE <u>Ida May Cox</u>	9 PRESENT POSTOFFICE OF FATHER <u>Cady Lane Stn Greenville S.C.</u>	15 PRESENT POSTOFFICE OF MOTHER <u>Home</u>
10 COLOR OR RACE <u>White</u>	16 COLOR OR RACE <u>White</u>	11 AGE AT LAST BIRTHDAY <u>27</u>	17 AGE AT LAST BIRTHDAY <u>26</u>
12 BIRTHPLACE <u>Anderson Co Mo.</u>	18 BIRTHPLACE <u>Greenville S.C.</u>	13 OCCUPATION <u>Textile Worker</u>	19 OCCUPATION <u>Housewife</u>
20 Number of children born to mother, including present birth <u>4</u>	21 Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:00 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. P. Anderson(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Box 2 Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 20 1923(28) A. H. Mackay 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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