

WHITE PLAINLY, WITH UNFADING INK—FILL IN A PERMANENT PENCIL  
 N. H.—In case of TWINS OR TRIPLETS, name each child and mark the  
 first-born, No. 1, this child, No. 2, etc., in question 5.

## (1) PLACE OF BIRTH

County of Calhoun  
 Township of Cow Cow  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3314

Registration District No. 801Registered No. 16  
 (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 Ourham Bell

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

3. BOY OR  
GIRL?Boy4. Twin  
or Triplet?

To be answered only in event of Twins or Triplets

5. Number in  
order of birth16. Are  
Parents  
Married?Yes

(7) DATE OF

BIRTH

Feb. 8, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8. FULL  
NAMEKathard Bell9. PRESENT  
POSTOFFICE  
OF FATHERJamison10. COLOR  
OR  
RACEWhite(11) AGE AT LAST  
BIRTHDAY30  
 (Years)

12. BIRTHPLACE

S.C.

13. OCCUPATION

Farm hand22. Number of children born to  
mother, including present birth1(14) NAME BEFORE  
MARRIAGELou Cannon(15) PRESENT  
POSTOFFICE  
OF MOTHERJamison(16) COLOR  
OR  
RACEWhite(17) AGE AT LAST  
BIRTHDAY20  
 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farm hand(21) Number of children of this mother  
now living, including present birth1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

For an air x Randolph

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
 al report

(26) Witness

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

(27) Filed

Mar 3, 1922

(28)

J. H. Murphy  
 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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