

(1) PLACE OF BIRTH

County of Richmond
 Township of
 Inc. Town of Enclain
 City of

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

REGISTRATION NO. 11726
 Registered No. 267
 (For use of Local Registrar)

Registration District No. 35

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. 116 Miller St.)

(2) Full Name of Child Harry Vernon Russell

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

(3) SEX OR CHILD boy (4) Type or Figure 1 (5) Number in order of birth 1 (6) Date of birth May 15, 1923
 (7) (Month) (Day) (Year)

FATHER.
 (8) FULL NAME James Carter Russell
 (9) PRESENT RESIDENCE OF FATHER Enclain
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34
 (12) BIRTHPLACE Richland Co
 (13) OCCUPATION upholster
 (14) Number of children born to mother, including present birth 2

MOTHER.
 (15) NAME BEFORE MARRIAGE Mabel J. Johnson
 (16) PRESENT RESIDENCE OF MOTHER Enclain
 (17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 34
 (19) BIRTHPLACE Charleston
 (20) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. J. P. 2nd
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia, S.C.

(Given name added from a supplemental report)
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed May 18, 1923 (28) C. J. S. 2nd 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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