

Form No. 1

## (1) PLACE OF BIRTH

County of Chester  
 Township of Northwell  
 Inc. Town of .....  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

17172

Registration District No. 1107 Registered No. 5-8  
 (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

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

|  |   |                                   |   |   |
|--|---|-----------------------------------|---|---|
| 3) BOY OR GIRL<br><u>Girl</u>  | 4) Twin or Triplet<br>To be answered only in event of Twin or Triplet | 5) Number in order of birth       | 6) Are Parents Married<br><u>Yes</u>  | 7) DATE OF BIRTH<br><u>Jan 23</u> 19 <u>23</u><br>(Month of Birth) (Day) (Year) |
| FATHER.  |   |                                   | MOTHER.   |   |
| 8) FULL NAME<br><u>Walter Bell</u>   |   |                                   | 14) NAME BEFORE MARRIAGE<br><u>Bessie Bell</u>  |   |
| 9) PRESENT POSTOFFICE OF FATHER<br><u>Great Falls</u>                      |   |                                   | 15) PRESENT POSTOFFICE OF MOTHER<br><u>Great Falls</u>                                    |   |
| 10) COLOR OR RACE<br><u>Black</u>  | 11) AGE AT LAST BIRTHDAY<br><u>24</u> (Year)                          | 16) COLOR OR RACE<br><u>Black</u> | 17) AGE AT LAST BIRTHDAY<br><u>26</u> (Year)  |   |
| 12) BIRTHPLACE<br><u>Laurelton SC</u>                                      |   |                                   | 18) BIRTHPLACE<br><u>Laurelton SC</u>   |   |
| 13) OCCUPATION<br><u>Miss Work</u>   |   |                                   | 19) OCCUPATION<br><u>Domestic</u>   |   |
| 20) Number of children born to mother, including present birth<br><u>4</u> |   |                                   | 21) Number of children of this mother now living, including present birth<br><u>Three</u> |   |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness Walter Bell

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

(27) Filed Jan 1 1923(28) Walter Bell 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.