

Form No. 1

## (1) PLACE OF BIRTH

County of George Town

Township of .....

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

22243

Registration District No. 21.04.. Registered No. 89..  
(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 Mellie Russell.. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? 3 (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH June 30.. 19 22  
(Month of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. L. Russell(9) PRESENT POSTOFFICE OF FATHER Murrells Inlet S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 41.. (Years)(12) BIRTHPLACE Murrells Inlet S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Tena Collins(15) PRESENT POSTOFFICE OF MOTHER Murrells Inlet S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25.. (Years)(18) BIRTHPLACE George Town Co.(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive.. at 1:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Johnnie Collins(24) State whether Physician or Midwife (25) Address of Physician or Midwife Murrells Inlet S.C.

Given name added from a supplemental report

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

(27) Filed July 5.. 19 22 (28) S. M. 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.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MADE IN COLUMBIA, COLUMBIA, S. C.