

Form No. 1

## (1) PLACE OF BIRTH

County of RichlandTownship of Cintasor  
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

36272

Registration District No. 3801 Registered No. 87  
(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 Theophilus Harrell

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

(3) ~~SON-OR~~ GIRL yes (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 1 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wiley Harrell(9) PRESENT POSTOFFICE OF FATHER Edgewood 80(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 43  
(Years)(12) BIRTHPLACE Kershaw Co., SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 16

## MOTHER.

(14) NAME BEFORE MARRIAGE Martha Harrell(15) PRESENT POSTOFFICE OF MOTHER Edgewood 80(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 30  
(Years)(18) BIRTHPLACE Richland Co., SC(19) OCCUPATION House keeper(21) Number of children of this mother now living, including present birth 16

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 1 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Nellie W. Neal(24) State whether, Physician or Midwife Midwife (25) Address of Physician or Midwife Edgewood 80

Given name added from a supplemental report

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

(27) Filed Sept 9 1922 (28) A. S. C. Lee 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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.