

## (1) PLACE OF BIRTH

County of RichlandTownship of Woffordor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32025

Registration District No. 3804aRegistered No. 22  
(For use of Local Registrar)2) Full Name of Child Ezell L. L. L. If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u> <small>To be answered only in event of twins or triplets</small>	5) Number in order of birth <u>2</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Sept. 19 22</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

8) FULL NAME Will L. L.

9) PRESENT POSTOFFICE OF FATHER Columbia

10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40 (Years)

12) BIRTHPLACE Scots

13) OCCUPATION R R work

14) Number of children born to mother, including present birth 3

## MOTHER.

14) NAME BEFORE MARRIAGE Rabbie Pearl

15) PRESENT POSTOFFICE OF MOTHER Columbia

16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)

18) BIRTHPLACE Scotsville

19) OCCUPATION house-keeper

20) 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 at home at 7 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. A. Bell, midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Oct 11 1922 (28) L. M. Taylor  
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.