

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. THIS OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
COUNTY OF <u>York</u>		STATE OF SOUTH CAROLINA		625	
TOWNSHIP OF <u>Hamlet</u>		BUREAU OF VITAL STATISTICS			
OR		STATE BOARD OF HEALTH			
INC. TOWN OF <u>Hamlet</u>		REGISTRATION DISTRICT NO. <u>2-76</u>		REGISTERED NO.	
OR				(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 <u>Elizabeth Ann Bell</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 12, 1922</u> (Name of Month) (Day) (Year)	
To be answered only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Wm. J. Bell</u>			(14) NAME BEFORE MARRIAGE <u>Edie Green</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Hamlet</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hamlet</u>		
(10) COLOR <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>1</u> (Years)		(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Hamlet, S. C.</u>			(18) BIRTHPLACE <u>Hamlet</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Day Labor</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive or stillborn</u> at <u>12:30</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Edie Green</u>		(25) Address of Physician or Midwife <u>Hamlet</u>			
(24) State whether Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report		(26) Witness			
..... 19		(27) Filed <u>Jan. 22, 1922</u> (28) <u>Edie Green</u> Local Registrar			
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.					

MADE IN COLUMBIA, COLUMBIA, S. C.