

## (1) PLACE OF BIRTH

County of UnionTownship of Unionor  
Inc. Town ofor  
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. 38891 For State Registrar OnlyRegistration District No. 4207 Registered No. 73

(For use of Local Registrar)

## (2) Full Name of Child

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>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>16</u> <u>19</u> (Name of Month) (Day) (Year)
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## FATHER

(8) FULL NAME Harry B. Bell(9) PRESENT POSTOFFICE OF FATHER Union(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Union Co(13) OCCUPATION Mill work(14) Number of children born to mother, including present birth 3

## MOTHER

(14) NAME BEFORE MARRIAGE Clarice S. Bell(15) PRESENT POSTOFFICE OF MOTHER Union(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Union Co(19) OCCUPATION Housewife(20) 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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. A. Bell(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union SC

Given name added from a supplemental report

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

(27) Filed 11-10-22 (28) J. V. Darrah Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report if a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.