

ihc
9/1/51
in hall

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of York

Township of _____

or
Inc. Town of _____

or
City of Rock Hill, S. C.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

FILE No.—For State Registrar Only

00-01063

Registered No. _____

(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

GRACE MADGE RUSSELL

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

3. Boy or Girl

Girl

If Plural

births

4. Twins, triplets or other.....

6. Premature

7. Are Parents

8. Date of

birth March 11....., 19 22

5. Number, in order of birth.....

Full term

Married?

Yes

(Month, day, year)

9. Full

FATHER

name

Edd Lee Russell

18. Name before

marriage

MOTHER

Ollie Mae Thwait

10. Residence (mailing address)

(If non-resident, give place and State) Rock Hill, S. C.

19. Residence (mailing address)

(If non-resident, give place and State) Rock Hill, S. C.

11. Color or race... W....

12. Age at child's birth..... 26.... (years)

20. Color or race... W....

21. Age at child's birth..... 21.... (years)

13. Birthplace (city or place) Kershaw, S. C......
(State or country)

22. Birthplace (city or place) Rock Hill, S. C......
(State or country)

OCCUPATION

14. Trade, profession or particular

kind of work done, as spinner,

sawyer, bookkeeper, etc..... Textile.....

15. Industry or business in which

work done, as silk mill,

sawmill, bank, etc.....

16. Date (month and year) last

engaged in this work

17. Total time (years)

spent in this work.....

OCCUPATION

23. Trade, profession, or particular

kind of work done, as house-

keeper, typist, nurse, clerk, etc..... housekeeper.....

24. Industry or business in which

work was done, as own home,

lawyer's office, silk mill, etc.....

25. Date (month and year) last

engaged in this work

26. Total time (years)

spent in this work.....

27. Number of children of this mother

(At time of birth and including this child (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn

28. If stillborn,

months
period of gestation..... weeks

29. Cause of stillbirth

Before labor
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 6:00 a. m. on the date above stated.

{ When there was no attending physician
or midwife, then the father, householder
etc., should make this return.

Given name added from
a supplementary report _____

(Date of) _____

Registrar.

(Signed) Ollie MacRussell Parent
or _____, Guardian

Address Kershaw S. C.

Filed 9-1, 19 51 Thos. P. Lesesne

Registrar.

ihc