

**(1) PLACE OF BIRTH**

County of .....

**Township of .....**

Inc. Town of.....

City of .....

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

**(2) Full Name of Child**

3) <del>TYPE</del>	4) Type of Trip To be accounted only in event of Trip on Vehicle	5) Reason for color of birth 5	6) Age of Person 40	7) DATE OF BIRTH (Month) (Day) (Year) 10 13 73
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FATHER.		MOTHER.	
1	2	1	2
3	4	3	4
5	6	5	6
7	8	7	8
9	10	9	10
11	12	11	12
13	14	13	14
15	16	15	16
17	18	17	18
19	20	19	20
21	22	21	22
23	24	23	24
25	26	25	26
27	28	27	28
29	30	29	30
31	32	31	32
33	34	33	34
35	36	35	36
37	38	37	38
39	40	39	40
41	42	41	42
43	44	43	44
45	46	45	46
47	48	47	48
49	50	49	50
51	52	51	52
53	54	53	54
55	56	55	56
57	58	57	58
59	60	59	60
61	62	61	62
63	64	63	64
65	66	65	66
67	68	67	68
69	70	69	70
71	72	71	72
73	74	73	74
75	76	75	76
77	78	77	78
79	80	79	80
81	82	81	82
83	84	83	84
85	86	85	86
87	88	87	88
89	90	89	90
91	92	91	92
93	94	93	94
95	96	95	96
97	98	97	98
99	100	99	100

(10) NAME BEFORE MARRIAGE Bettie O Bell

(9) **FORWARD TO OFFICE OF BIRTH** 10 Grove St.

(10) **FORWARD TO OFFICE OF BIRTH** Same.

(16) COLOR	(17) AGE AT LAST BIRTHDAY	(18) COLOR	(19) AGE AT LAST BIRTHDAY
White	7	White	7

(FD-302) NAME H. H. H. TITLE  (FD-302) NAME P. J. P. TITLE

Greenville Prokors Co.

(15) OCCUPATION 4

2 above

(20) Number of children born to \_\_\_\_\_ 5 (21) Number of children of same sex as \_\_\_\_\_ 1  
new living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was .....  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(26) (Signature) [Signature]

(24) State whether Physician or Midwife

Given name added from a supplement-  
al report

(20) Witness ..... Attachment of Witness necessary only 2

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

(17) From July 1, 1954 to July 1, 1955 (20) 100 100

\*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.

**TYPE 100th of PROBABLY**