

## (1) PLACE OF BIRTH

County of AndersonTownship of Centervilleor  
Inc. Town of .....or  
City of Camden

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

(2) Full Name of Child James Arthur BellNo. for State Registrar Only  
**12808**CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. ....

Registered No. ....  
(For use of Local Registrar)

St. .... Ward)

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

(3) SEX OF CHILD <u>3. boy</u>	(4) Type of Infant <u>✓</u> To be covered only in case of Twin or Triplets	(5) Number in order of birth <u>✓</u>	(6) Are Foreign Born <u>yes</u>	(7) DATE OF BIRTH <u>May 21, 1928</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Arthur Baker Bell(9) PRESENT RESIDENCE OF FATHER Anderson S.C. R.F. #4(10) COLOR OR RACE W(11) BIRTHPLACE Greenhill S.C.(12) OCCUPATION Bridge Supt.(13) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Cecilia Abernethy(15) PRESENT RESIDENCE OF MOTHER Anderson S.C. R.F. #4(16) COLOR OR RACE W(17) BIRTHPLACE Anderson Co. S.C.(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(21) (Signature) Olga J. Powell(22) State whether Physician

(23) Address of Physician or Midwife

Given name added from a supplemental report

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

(25) Filed May 23, 1928 (26) f. k. Craxton 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.

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