

MAINTAIN RESERVED FOR BINDING.
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 N. No. 1. THE OTHERS, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of York
Township of Wm. Russell
or
Inc. Town of Registration District No. 4405 Registered No. 17
(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 John Harry Russell child is not yet named, make supplemental report as directed
(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 18, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Wm. Young Russell
(9) PRESENT POSTOFFICE OF FATHER Rock Hill R.F.D. #1
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE York Co. - SC.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Clara Belle Branch
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill R.F.D. #1
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE York Co. - SC.
(19) OCCUPATION Housewife
(21) 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 alive at 12:25 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) M. D. Dowell
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife York S.C.

Given name added from a supplemental report 191....
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. Smith
(27) Filed 2/25/16 1916 (28) 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.