

## (1) PLACE OF BIRTH

County of BerkleyTownship of 2. D. T.Inc. Town of Jennett

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

19086

Registration District No. 12.1 Registered No. 2.2  
(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

If 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

July 8, 1923  
(Month of Month) (Day) (Year)

(8) FULL NAME

Peter Bell

(9) PRESENT POSTOFFICE OF FATHER

Summerville, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35  
(Years)

(12) BIRTHPLACE

Berkley Co.

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Lillian Cooper

(15) PRESENT POSTOFFICE OF MOTHER

Summerville, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

34  
(Years)

(18) BIRTHPLACE

Colleton Co.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

11

(21) Number of children of this mother now living, including present birth

10

## 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.Edmund W. Simmons

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Summerville, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Aug. 10, 1923. (28) H. B. Simmons 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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