

## (1) PLACE OF BIRTH

County of SpartanburgTownship of Prasno Creekor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 4-4-23

File No.—For State Registrar Only

32275

Registered No. .... 96 ....  
(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 John Lee Bell (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 10 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Clare Luther Roberts(9) PRESENT POSTOFFICE OF FATHER Enoree, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Union Co. S.C.(13) OCCUPATION Cotton Mill work(23) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Beatrice Elphinstone Bell(15) PRESENT POSTOFFICE OF MOTHER Enoree, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Spartanburg Co.(19) OCCUPATION Domestic(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 5:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. D. Hanna(24) State whether Physician or Midwife (25) Address of Physician or Midwife Enoree, 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 Sept 15 19 22 (28) C. D. Hanna 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.