

(1) PLACE OF BIRTH

County of Oconee
 Township of Darien
 or
 Inc. Town of Newry
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31533

Registration District No. 2507Registered No. 132
(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 Hellen Blustine Blackwell

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

(3) SEX OR GIRL (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 14, 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Victor D Blackwell(9) PRESENT POSTOFFICE OF FATHER Newry S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Oconee(13) OCCUPATION Mill work(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Uma Hightower(15) PRESENT POSTOFFICE OF MOTHER Newry S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Ga(19) OCCUPATION wife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 11:30 AM.
 on the date above stated. (Born Alive or Stillborn) (Hour, M. or P. M.)

(22) (Signature) J. D. Smith

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Oconee S.C.

Given name added from a supplemental report

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

(26) Filed 1922 (27) Local Registrar

When there was no attending physician or midwife, then the father, household, 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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