

PLACE OF BIRTH

City of Lee

County of Lee

Town of Biadog

State of South Carolina

(If birth occurs in a hospital)

Full Name of Child Margaret Jane Blackmer

(4) Twin or Triplet? ☒ Yes
To be answered only if so marked

FATHER.

Byrson James Blackmer

PRESENT POSTOFFICE OF FATHER Blackmerville

COLOR OR RACE White (11) AGE 38

BIRTHPLACE Charleston, S.C.

OCCUPATION R R Agent

Number of children born to father, including present birth

CERTIFICATE

I hereby certify that I attended the birth of this child, who was born on the date above stated

Name added from a supplemental report

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 30 A

File No.—For State Registrar Only
14823

Registered No. 11
(For use of Local Registrar)

St.; Ward)

Institution, give name of same instead of street and number.)

child is not yet named, make supplemental report as directed

(7) DATE OF BIRTH 2-13- 1923
(Name of Month) (Day) (Year)

(6) Are Parents Married? Yes

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Lois McLawrie

(15) PRESENT POSTOFFICE OF MOTHER Biadogville, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Year)

(18) BIRTHPLACE Jefferson, S.C.

(19) OCCUPATION House duties

(21) Number of children of this mother now living, including present birth 3

ATTENDING PHYSICIAN OR MIDWIFE*

Signature of Physician or Midwife Alvin P. M. at 10 o'clock P. M.,
whether Physician or Midwife (25) Address of Physician or Midwife Biadogville

Witness

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

Filed June 13 1923 (28) Wm. H. Loney Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths after the fifth month of pregnancy