

## 1. PLACE OF BIRTH

County of

Township of

In the Town of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2286

Registration District No. 3706

Registered No. 3

(For use of Local Registrar)

(No. ....)

St.; .... (Ward)

If child is born in a hospital or other institution, give name of same instead of street and number.)

## 2. Full Name of Child

Mary Loucil Blackston

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

(a) Twin or triplet?

(b) Number in order of birth

(c) Age married?

(7) DATE OF BIRTH

Jan. 4, 22

To be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

James B. Blackston

(14) NAME BEFORE MARRIAGE

Paul Helistraf

PRESENT PLACE OF BIRTH

(15) PRESENT POSTOFFICE OF MOTHER

Pickens S.C. #3

COLOR

(11) AGE AT LAST BIRTHDAY

22

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19

BIRTHPLACE

(18) BIRTHPLACE

Pickens Co

OCCUPATION

(19) OCCUPATION

Domestic

Number of children born to mother, including present birth

One

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

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born at 1:55 P.M. on the date above stated. (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

(28)

Registrar

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.