

## (1) PLACE OF BIRTH

County of *Richland*

Township of .....

Inc. Town of *Columbia*City of *Columbia*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Harold Harry Blackstone*(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 23*

## FATHER

(8) FULL NAME *William M. Blackstone*(9) PRESENT POSTOFFICE OF FATHER *Columbia*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *34* (Years)(12) BIRTHPLACE *Abbeville, S. C.*(13) OCCUPATION *Life Insurance Agent*(20) Number of children born to mother, including present birth *2*

## MOTHER

(14) NAME BEFORE MARRIAGE *Maggie M. Wilson*(15) PRESENT POSTOFFICE OF MOTHER *Columbia*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *29* (Years)(18) BIRTHPLACE *S. C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *4.30 A.* M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *Bo H. Kells*(24) State whether Physician or Midwife (25) *Physician*

Given name added from a supplemental report

(26) Witness

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

(27) *Feb. 9 1923* (28) *A. J. Sloan* 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.