

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Darke</i>		STATE OF SOUTH CAROLINA		4945	
Township of <i>Darkeville</i>		Bureau of Vital Statistics			
City of		State Board of Health			
Inc. Town of		Registration District No. <i>370</i>		Registered No. <i>5</i>	
City of		(No. St. Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <i>Mary Blessingame</i>					
If child is not yet named, make supplemental report as directed					
(3) <input checked="" type="checkbox"/> BOY <input type="checkbox"/> GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) <input checked="" type="checkbox"/> Married?	(7) DATE OF BIRTH	(8) <i>Feb 12 1923</i>
To be answered only in event of Twin or Triplet					
FATHER.			MOTHER.		
(9) FULL NAME <i>Jim Blessingame</i>			(14) NAME BEFORE MARRIAGE <i>Ida Cox</i>		
(10) PRESENT POSTOFFICE OF FATHER <i>Darkeville</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Darkeville</i>		
(16) COLOR OR RACE <i>negro</i>			(17) AGE AT LAST BIRTHDAY <i>38</i>		
(18) BIRTHPLACE <i>S.C.</i>			(19) BIRTHPLACE <i>S.C.</i>		
(20) OCCUPATION <i>Farming</i>			(21) OCCUPATION <i>Domestic</i>		
(22) Number of children born to mother, including present birth <i>1</i>			(23) Number of children of this mother now living, including present birth <i>8</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(24) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(25) (Signature) <i>A. J. ...</i>		(26) State whether Physician or Midwife <i>M.D.</i>		(27) Address of Physician or Midwife <i>Darkeville</i>	
(28) Witness (Signature of Witness necessary only when question 24 is signed by mark)					
(29) Filed <i>Mar. 10 1923</i> (30) <i>M. M. ...</i> 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.					