

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

66202

Registration District No. 10000

Registered No. 96

(For use of Local Registrar)

(2) Full Name of Child James M. Blackwell

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

James Blackwell

(14) NAME BEFORE MARRIAGE

Maggie Osteen

(9) PRESENT POSTOFFICE OF FATHER

Arlington A.C.

(15) PRESENT POSTOFFICE OF MOTHER

Arlington A.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28 (Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27 (Years)

(12) BIRTHPLACE

Spartanburg S.C.

(18) BIRTHPLACE

Transylvania Co. N.C.

(13) OCCUPATION

Mill work

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

3

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at A.M. on the date above stated. (Specify alive or stillborn) (Hour) (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 23 is signed Registrar)

(27) Filed

1911

(28)

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.

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