

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO. For State Registrar Only

36725

County of LeeTownship of Stallus Bridgeor
Inc. Town of _____or
(City of _____)Registration District No. 3008

Registered No. _____

(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

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

(2) Full Name of Child Viola Black

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? _____ To be answered only in event of Twins or Triplets	(5) Number in order of birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 30</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER

MOTHER

(8) FULL NAME <u>Henry Black</u>	(14) NAME BEFORE MARRIAGE <u>Annie Annick</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Walterville SC R2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Walterville SC R2</u>
(10) COLOR OR RACE <u>Black</u>	(16) COLOR OR RACE <u>Black</u>
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>18</u> (years)
(12) BIRTHPLACE <u>Darlington Co SC</u>	(18) BIRTHPLACE <u>Darlington Co SC</u>
(13) OCCUPATION <u>Farm Laborer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth: <u>1</u>	(21) Number of children of this mother, now living, including present birth: <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lottie Brunson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Brookville SC R6

Given name added from a supplemental report

(26) Witness _____

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

(27) Filed Oct 15 1922(28) J. M. Smith

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.

FIRST BORN. No. 1. THE OTHER, No. 2, etc., in question 1.