

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 Stokes Bridge

Inc. Town of _____

(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? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 30

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Henry Black(9) PRESENT POSTOFFICE OF FATHER Walterville SC R2(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 21

(Years)

(12) BIRTHPLACE Darlington Co SC(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth: 1

MOTHER

(14) NAME BEFORE MARRIAGE Annie Arnold(15) PRESENT POSTOFFICE OF MOTHER Walterville SC R2(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 18

(years)

(18) BIRTHPLACE Darlington Co SC(19) OCCUPATION Domestic(21) Number of children of this mother, now living, including present birth: 1

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 Brinson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Walterville 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. Arnold

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.