

(1) PLACE OF BIRTH

County of SumterTownship of Privateer

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

2594

Registration District No. 10A Registered No. 10

(For use of Local Registrar)

2) Full Name of Child John Blair If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are yes Parents Married? _____ (7) DATE OF BIRTH 1-26-1922(8) FULL NAME John Blair (9) NAME BEFORE MARRIAGE Mata Riley(10) PRESENT POSTOFFICE OF FATHER Tindal, S.C. (11) PRESENT POSTOFFICE OF MOTHER Tindal, S.C.(12) COLOR OR RACE Colored (13) AGE AT LAST BIRTHDAY 50 (14) COLOR OR RACE Colored (15) AGE AT LAST BIRTHDAY _____(16) BIRTHPLACE Sumter Co. S.C. (17) OCCUPATION House and Field Work.(18) OCCUPATION Farmer (19) Number of children of this mother now living, including present birth Seven(20) Number of children born to mother, including present birth Seven(21) hereby certify that I attended the birth of this child, who was alive at _____ at _____ (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) A. J. Blair (23) State whether Physician or Midwife (24) Address of Physician or Midwife Tindal, S.C.

Given name added from a supplemental report _____ 191....

(25) Witness _____ (Signature of Witness necessary only when question 23 is signed by mother)

(26) Filed 1-26-1922 (27) Local Registrar A. J. Blair

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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