

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

3/22/30

City of St. ThomasRegistration District No. 7-07Registration No. (For use of Local Registrar)

Town of

(No. _____)

St. _____

Ward _____

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

FULL NAME OF CHILD Beatrice Blake

If child is not yet named, write "Unborn Child"

BOY OR

GIRL

4. Twin or Triplet

5. Number in order of birth

6. Age

Yes

7. DATE OF BIRTH

October 10th, 1929

To be answered only in event of Twins or Triplets

FATHER

Ceasar Blake

OFFICE

FATHER

62 South St. Charles

14. NAME BEFORE MARRIAGE

Louise Mitchell

15. PRESENT ADDRESS OF MOTHER

St. Thomas, Berkeley Co.

OR

Col.

11. AGE AT LAST BIRTHDAY

26

(Years)

16. COLOR

Color

17. AGE AT LAST BIRTHDAY

22

(Years)

PLACE

Adams Run, S.C.

18. BIRTHPLACE

St. Thomas, S.C.

OCCUPATION

LABORER at Ches. Con. Ry. & St. Co.

Washer

19. OCCUPATION

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A.M. the date above stated. (Hour A.M. or P.M.)

23. Signature Callie Washitt

24. State whether Physician or Midwife

Midwife

25. Address of Physician or Midwife

St. Thomas, S.C.

Given name added from a supplemental report

26. affidavit of Mother, on reverse side.

(Signature of Woman necessary only when question 25 is signed by mark)

27. Filed Feb. 17th, 1930

M. H. G. (Signature)

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the 10th month of pregnancy.