

THIS IS A PRELIMINARY REPORT AND NOT A FINAL REPORT. IT IS SUBJECT TO CORRECTION AND SUPPLEMENTATION. SEE INSTRUCTIONS TO REGISTRARS, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH
 County of Anderson
 Township of Spartanburg
 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

Registration District No. 315 Registered No. 2856
 (For use of Local Registrar)

(2) Full Name of Child Ruby Blackwell (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Girl (4) Type of Birth Normal (5) Number in Order of Birth 2 (6) Age of Parents 28 (7) DATE OF BIRTH July 23
 (Specify Month) (Day) (Year)

FATHER.
 (8) FULL NAME John Blackwell
 (9) PRESENT POSTOFFICE OF FATHER Anderson SC #2
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 6

MOTHER.
 (14) NAME BEFORE MARRIAGE Eliza Risher
 (15) PRESENT POSTOFFICE OF MOTHER Anderson SC #2
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE SC
 (19) OCCUPATION domestic
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born at 230 M., on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) B. L. L. L.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson SC

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 3/16 23 (28) H. L. C.
 Registrar

When there was no attending physician or midwife, then the father, mother, or other person, if a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.