

## (1) PLACE OF BIRTH

County of York

Township of .....

Inc. Town of .....

City of Rock Hill

(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

16248

Registration District No. 44B Registered No. 100  
(For use of Local Registrar)(2) Full Name of Child David May Blackwell If child is not yet named, make supplemental report as directed3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH May 16, 1923  
(Name of Month) (Day) (Year)

FATHER. MOTHER.

8) FULL NAME J. Lee Blackwell 14) NAME BEFORE MARRIAGE Yarnie Sutton9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C. 15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 25 18) COLOR OR RACE White 19) AGE AT LAST BIRTHDAY 2012) BIRTHPLACE S.C. 13) BIRTHPLACE S.C.12) OCCUPATION Col. mill operative 13) OCCUPATION Domestic20) Number of children born to mother, including present birth One 21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn: Hour A. M. or P. M.)(23) (Signature) E. L. Casper (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rock Hill S.C.

Given name added from a supplemental report

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

(27) Filed 5/25/23 (28) perman 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.

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