

PLACE OF BIRTH

City of CharlestonCounty of Bulow Mines, S.C.or
Town of _____or
of _____Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Dept. of Health

Registration District No. _____

FILE NO. 20170ARegistered No. _____
(For use of Local Registrar)

FULL NAME OF CHILD

Sam BlackBoy or Girl
GirlM. Place
or Date4. Twin, triplet, or other
1. Number, in order of birth1. Forename
Full name2. Surname
Last name3. Date of Birth
July 17, 1932

Full name

Sam Black

FATHER

Residence (usual place of abode)
nonresident, give place and StateBulow Mines, S.C.10. Color or race
Col.12. Age at last birthday
22 (Years)11. City or place
or countryBulow Mines, S.C.13. Trade, profession, or particular
kind of work done, as spinner,
sewer, bookkeeper, etc.Machine Work14. Industry or business in which
work was done, as silk mill,
cotton mill, bank, etc.Asbestos Factory15. Date (month and year) last
engaged in this work17. Total time (years)
spent in this workNumber of children of this mother
(At time of this birth and including this child)7

(a) Born alive and now living

2

(b) Born alive but now dead

2

(c) Stillborn

216. Stillborn,
period of gestation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born alive

1. Before the date above stated

When there was no attending physician
or midwife, then the father,
mother, or other person, should
sign and name added from
supplemental report

(Date of)

(Signed)

Susan Center

M. D.

Address Bulow Mines, S.C.Filed 10/9, 1934