

RECORD
THIS FORM IS A PERMANENT RECORD FOR EACH CHILD, and mark the
MAGAZINE OF COLUMBIA, COLUMBIA, S. C.
FIRST SHOWN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Charleston

Township of Summerville

OR

Inc. Town of

OR

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

17975

Registration District No. 102 Registered No. 126

(For use of Local Registrar)

(2) Full Name of Child William Thomas Blackwell

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 16, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Thomas Blackwell

(9) PRESENT POSTOFFICE OF FATHER Myrtle St. 2 (R.A.)

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE Mecklenburg County, N.C.

(13) OCCUPATION Mill worker

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Sidney Green

(15) PRESENT POSTOFFICE OF MOTHER Myrtle St. 2 (R.A.)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(Years)

(18) BIRTHPLACE Mecklenburg County, N.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7.42 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Green, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Myrtle St.

Given name added from a supplemental report

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

(27) Filed 7/10 1922 (28) N. F. Smith
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.

101

11 & 12

Before the