

## (1) PLACE OF BIRTH

County of Barnwell  
 Township of Blackville  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only

38728

Registration District No. 5.0.4. Registered No. 1.1.5.  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child L. B. Black If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH July 13, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME L. Herman Black  
 (9) PRESENT POSTOFFICE OF FATHER Blackville  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27  
 (Year)  
 (12) BIRTHPLACE S. C.  
 (13) OCCUPATION Business  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lora Lee Elkins  
 (15) PRESENT POSTOFFICE OF MOTHER Blackville  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
 (Year)  
 (18) BIRTHPLACE S. C.  
 (19) OCCUPATION  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Elkins at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. H. Black

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed Jan. 12, 1924 (28) L. H. Black Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

THIS PLAINLY, WITH EXPANSIVE INCISION IS A PERMANENT RECORD.  
 N. B.—In case of twins and triplets use a SEPARATE BLANK FOR EACH CHILD, and mark as FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.