

(1) PLACE OF BIRTH

County of LancasterTownship of Plains

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

File No. — For State Registrar Only

56475

Registration District No. 2606Registered No. 24

(For use of Local Registrar)

(2) Full Name of Child Marian J. Blackman

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(To be completed only in event of Twin or Triplet)

(6) Are Parents Married?

(7) DATE OF BIRTH April 11

(Name of Month) (Day)

FATHER

(8) FULL NAME

Henry Blackman

(9) PRESENT POSTOFFICE OF FATHER

Lancaster S.C.

(10) COLOR

Colored

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

Lancaster County

(13) OCCUPATION

Farmer

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

7

(14) NAME BEFORE MARRIAGE

Jessie Mack

(15) PRESENT POSTOFFICE OF MOTHER

Lancaster S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

40

(Years)

(18) BIRTHPLACE

Lancaster County

(19) OCCUPATION

Farmer

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born live at Midwife on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(Hour A. M. or P. M.)

(25) Address of Physician or Midwife

Given name added from a supplemental report

L.R. Williams

(Signature of Witness necessary only when question 22 is signed by mark)

Local Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it should be reported as a birth. No report is desired of stillbirths before the child is born.

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