

9/26/40

E OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

37118

Registration District No. 300

Registered No. (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)

NAME OF CHILD: Sadie Blackley

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

4. Twin or Triplet?

5. Number in order of birth one

6. Are Parents Married? ☒

7. DATE OF BIRTH

had 2 1940 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

MOTHER

FATHER

10. NAME BEFORE MARRIAGE

11. PRESENT POSTOFFICE OF MOTHER

12. AGE AT LAST BIRTHDAY 33 (Years)

13. RACE white

14. BIRTHPLACE Anderson, S.C.

15. OCCUPATION Textile

16. Number of children born to mother, including present birth one

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE white

17. BIRTHPLACE

18. OCCUPATION

19. Number of children of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(I hereby certify that I attended the birth of this child, who was alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature W. R. Haynes

24. State whether Physician or Midwife

25. Address of Physician or Midwife

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

27. Filed Oct. 30, 1940

28. M. B. Woodward, M.D. Local Registrar

Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. Births even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

(1) PLACE OF BIRTH

County of Anderson
 Township of Belton
 or
 Inc. Town of Belton
 or
 City of Belton

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

37118

Registration District No. 300

Registered No. 172
 (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 Rodney

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

BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 11/2/22
 (Name) (Month) (Day) (Year)

FATHER.

FULL NAME Wilbur R. Blakely

PRESENT POSTOFFICE OF FATHER Belton SC

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

BIRTHPLACE Anderson Co SC

OCCUPATION attendant work

Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Adele Brown

(15) PRESENT POSTOFFICE OF MOTHER Belton SC

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

(18) BIRTHPLACE Grenville SC

(19) OCCUPATION housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(8) I hereby certify that I attended the birth of this child, who was alive at 6 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Haynes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Belton SC

When name added from a supplemental report

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

(27) Filed Dec 2 1922 (28) Mrs. J. A. Ash 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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