

9/26/40

PLACE OF BIRTH  
*Anderson*  
COUNTY  
*Belton*  
TOWNSHIP  
*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. \_\_\_\_\_  
(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) (If child is not yet named, make supplemental report as directed.)

NAME OF CHILD *Sadie Blackley*

4. Twin or Triplet? \_\_\_\_\_ 5. Number in order of birth *one* 6. Are Parents Married? *Y* 7. DATE OF BIRTH *2*  
*nov* *2* *1940*  
(Name of Month) (Day) (Year)

FATHER  
10. NAME BEFORE MARRIAGE *Wilbur Blackley*  
11. PRESENT POSTOFFICE OF FATHER *Belton SC*  
12. AGE AT LAST BIRTHDAY *33*  
*white*  
13. RACE *white*  
14. BIRTHPLACE *Anderson SC*  
15. OCCUPATION *Textile*  
16. Number of children born to father, including present birth *one*

MOTHER  
14. NAME BEFORE MARRIAGE *Opels Brown*  
15. PRESENT POSTOFFICE OF MOTHER *Belton SC*  
17. AGE AT LAST BIRTHDAY *32*  
*white*  
16. COLOR OR RACE *white*  
18. BIRTHPLACE *Anderson SC*  
19. OCCUPATION *house wife*  
21. Number of children of this mother, now living, including present birth *one*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *alive* at *4:10* 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*

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

\*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 .....

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

BOY OR GIRL?  (4) Twin or Triplet?  (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH 11/2/22  
To be answered only in event of Twins or Triplets (Name, Month) (Day) (Year)

FATHER.  
FULL NAME Wilbur R. Blakely  
PRESENT POSTOFFICE OF FATHER Belton S.C.  
COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)  
BIRTHPLACE Anderson S.C.  
OCCUPATION attends mill work  
Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Ayala Brown  
(15) PRESENT POSTOFFICE OF MOTHER Belton S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)  
(18) BIRTHPLACE Greenville S.C.  
(19) OCCUPATION housewife  
(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

3) 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. B. Haynes, M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Belton S.C.

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) Wm. J. 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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