Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
37606

(1) PLACE OF BIRTH

County of Charleston
Township of Johns Isld.
or
Inc. Town of .....
or
City of .....

Registration District No. 905 Registered No. 103
(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 Ida Blake — If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH July 28 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	George Blake	(14) NAME BEFORE MARRIAGE	Mamie Singleton
(9) PRESENT POSTOFFICE OF FATHER	Johns Island	(15) PRESENT POSTOFFICE OF MOTHER	Johns Island
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)	51	(17) AGE AT LAST BIRTHDAY (Years)	38
(12) BIRTHPLACE	Johns Island	(18) BIRTHPLACE	Johns Island
(13) OCCUPATION	Farmer	(19) OCCUPATION	Farm Laborer
(20) Number of children born to mother, including present birth	Six	(21) Number of children of this mother now living, including present birth	Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Lolly Smalls

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: Johns Isld.

Given name added from a supplemental report

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..... 19 ....
Registrar

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

(27) Filed Nov 13 1922 (28) Mrs. G. W. Hills
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.

MALCOLM PLEASANTS CO. BLANK
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McCAW OF COLUMBIA, COLUMBIA, S. C.