

MAKING RESERVED FOR BINDING.
WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWILIGHTS use a SEPARATE BLANK for EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3489

Registration District No. 90.7

Registered No. 15
(For use of Local Registrar)

(2) Full Name of Child Carminette Blake
(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)

(3) SEX—GF
GIRL

(4) Twin
or Triplet?

(5) Number in
order of birth
To be answered only in event of Twin or Triplets

(8) Are
Parents
Married? Yes

(7) DATE OF
BIRTH Feb 8 1922
(Name of Month) (Day) (Year)

FATHER.

(9) FULL
NAME

Richard Blake

(10) PRESENT
POSTOFFICE
OF FATHER

Johns Island

(11) COLOR
OR
RACE

Negro

(12) AGE AT LAST
BIRTHDAY 23
(Years)

(13) BIRTHPLACE

Johns Island

(14) OCCUPATION

Farmer

MOTHER.

(15) NAME BEFORE
MARRIAGE

Virginia Ryan

(16) PRESENT
POSTOFFICE
OF MOTHER

Johns Island

(17) COLOR
OR
RACE

Negro

(18) AGE AT LAST
BIRTHDAY 22
(Years)

(19) BIRTHPLACE

Johns Island

(20) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Johns Island

Given name added from a supplement
report

(26) Witness

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

(27) Filed

Feb 22 1922 (28) Mrs. D. M. Hall
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.

MADE AT COLUMBIA, CALIFORNIA, U. S. C.