

(1) PLACE OF BIRTH

County of Anderson
Township of Brushy Creek
or
In. Town of
or
City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

3851

Registration District No. 103 Registered No. 92
(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 James W. T. Blackston If child is not yet named, make supplemental report as directed

(3) SEX Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 13 1923
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Henry Lawrence Blackston</u>	(14) NAME BEFORE MARRIAGE <u>Jewell McAlister</u>	(18) PRESENT POSTOFFICE OF FATHER <u>Easley S.C.</u>	(18) PRESENT POSTOFFICE OF MOTHER <u>Easley S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Pickens Co., S.C.</u>	(15) BIRTHPLACE <u>Anderson Co., S.C.</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 A. M., on the date above stated. (Born alive or stillborn) (M. or P. M.)

(23) (Signature) J. C. Dyer M.D. (24) Address of Physician or Midwife Physician E. S. Easley S.C.

Given name added from a supplemental report

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

(27) Filed Dec 18 1923 (28) J. H. Martin 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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