

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40751

Registration District No. 3 A Registered No. 483  
(For use of Local Registrar)(2) Full Name of Child Catharine Blackwell

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

(3) BOY OR GIRL?

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 Dec 30 1921  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John J Blackwell

(9) PRESENT POSTOFFICE OF FATHER

Charlotte N.C.

(10) COLOR OR RACE

col(11) AGE AT LAST BIRTHDAY 36  
(Years)

(12) BIRTHPLACE

And. Co.

(13) OCCUPATION

Fireman

## MOTHER.

(14) NAME BEFORE MARRIAGE

Sena Wardlaw

(15) PRESENT POSTOFFICE OF MOTHER

Anderson S C

(16) COLOR OR RACE

col(17) AGE AT LAST BIRTHDAY 36  
(Years)

(18) BIRTHPLACE

And Co.

(19) OCCUPATION

domestic

(20) Number of children born to mother, including present birth

11

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

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 30 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) And A Young

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) File

Jan 10 1923F. B. CRAYTON

(28) Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, or other person should sign 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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