

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

File No.—For State Registrar Only
76937

(1) PLACE OF BIRTH
 County of Fairfield
 Township of 12
 or
 Inc. Town of Registration District No. 1911 Registered No. 58
 or
 City of (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. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 21, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Blackmoore</u>			(14) NAME BEFORE MARRIAGE <u>Mary Knighton</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Winnsboro</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Winnsboro</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>Fairfield</u>		(18) BIRTHPLACE <u>Fairfield</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>6</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sina Osborn
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Winnsboro

Given name added from a supplemental report 191.....

(26) Registrar W. P. Giken
 (27) Filled Aug 27 1916 (28) W. P. Giken 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.

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.
 THIS IS A PERMANENT RECORD.
 ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
 DATE 11-19-2008 BY 60322 UCBAW/STW/STW

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