

(1) PLACE OF BIRTH

County Pickens
Township Pickens
OF
Inc. Town of.....
OR
City of

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

Registration District No. 3704

File No. - For State Registrar Only

18840

Registered No. 78
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 4 23</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Geo W. Blackwell</u>	(14) NAME BEFORE MARRIAGE <u>Geart Medler</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Pickens, SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Pickens, SC</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)	
(12) BIRTHPLACE <u>Knoxville Tenn</u>	(18) BIRTHPLACE <u>Pickens Co</u>			
(13) OCCUPATION <u>Textile Operative</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present child <u>1</u>	(21) Number of children of this mother now living, including present child			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) A. Talley
(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 22 is signed by mother)

(27) Filed 19 .. (28)
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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Form No. 1, THE OTHER, No. 2, etc. BUREAU OF STATISTICS, COLUMBIA, S. C.