

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of

(City of Greenville, S. C.)

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

(2) Full Name of Child Robert Louis Blake1) BOY OR GIRL Boy

2) Twin or Triplet

To be answered only in case of Twin or Triplet

3) Number in order of birth

4) Are Parents Married Yes5) DATE OF BIRTH Feb. 28th, 23

(if child is not yet named, make supplemental report as directed)

FATHER.

6) FULL NAME Louiser Blake7) PRESENT POSTOFFICE OF FATHER Greenville, S. C.8) COLOR OR RACE Colored9) AGE AT LAST BIRTHDAY 36

10) BIRTHPLACE

S. C.

11) OCCUPATION

Common laborer

12) Number of children born to mother, including present birth

2

MOTHER.

13) NAME BEFORE MARRIAGE Bessie Bell14) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.15) COLOR OR RACE Colored16) AGE AT LAST BIRTHDAY 27

17) BIRTHPLACE

S. C.

18) OCCUPATION

Housework

19) Number of children of 6th mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was alive at 6 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) Signature of Physician or Midwife

(22) Address of Physician or Midwife

Polly Claron
1418 Market St.

(23) Given name of child

(24) Surname of child

Robert
Blake

(25) When taken, give name of child

Mar. 1st, 1923

(26) Report is desired of midwife