

## (1) PLACE OF BIRTH

County of AndersonTownship of Law Small

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Register  
**2843**Registration District No. 311 Registered No. 17

(For use of Local Registrar)

(No. .... St. .... Ward)

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

(2) Full Name of Child John Lewis Blackwell

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

(3) SEX OR GROWTH <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 20 1923</u> (Month of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Paul B. Blackwell</u>	(9) NAME BEFORE MARRIAGE	(10) FULL NAME <u>Fannie Blackwell</u>	(11) NAME BEFORE MARRIAGE
(12) PRESENT POSTOFFICE OF FATHER <u>Star S.C.</u>	(13) PRESENT POSTOFFICE OF MOTHER <u>Star S.C.</u>	(14) COLOR OR RACE <u>Col</u>	(15) COLOR OR RACE <u>Col</u>
(16) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(18) BIRTHPLACE <u>Anderson Co.</u>	(19) BIRTHPLACE <u>Anderson Co.</u>
(20) OCCUPATION <u>farmer</u>	(21) OCCUPATION <u>farmer</u>	(22) Number of children born to mother, including present birth <u>1</u>	(23) Number of children of this mother now living, including present birth <u>1</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born alive Yes born alive or stillborn Yes No A. M. or P. M.  
on the date above stated.(25) (Signature) W. Allen Palmer(26) State whether, Physician or Midwife Midwife(27) Address of Physician or Midwife Star S.C.

Given name added from a supplemental report

(28) Witnesses  
(Signature of Witnesses necessary only when question 23 is signed by mark)(29) Date May 8 1923 (30) L. G. Lord Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.

THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE.