

## (1) PLACE OF BIRTH

County of Horry  
 Township of Penn  
 OR  
 Inc. Town of.....  
 OR  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20466

Registration District No. 4308 Registered No. 5-6  
 (For use of Local Registrar)

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

(2) Full Name of Child Sadie Blackman (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 6 29 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ernest Blackman

(9) PRESENT POSTOFFICE OF FATHER Sackett Depot SC R 3

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37  
 (Years)

(12) BIRTHPLACE Manning SC

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 15

## MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Robinson

(15) PRESENT POSTOFFICE OF MOTHER Sackett Depot SC R 3

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29  
 (Years)

(18) BIRTHPLACE Manning S.C.

(19) OCCUPATION Housekeeper

(20) Number of children of this mother now living, including present birth 15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Theresa Pierce (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sackett Depot SC R 3

Given name added from a supplemental report

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

(27) Filed June 30 1922 (28) A. R. Brooker 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.