

Form No. 1

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or Town of Blacksburg

or City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 3356Registration District No. 1101Registered No. 11

(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 Regina Belle Womack

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet <u>To be covered only in case of Twin or Triplet</u>	(5) Month in order of birth <u>Jan</u>	(6) Day <u>13</u>	(7) Year <u>1923</u>
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FATHER		MOTHER	
(8) FULL NAME <u>Richard Womack</u>	(9) NAME BEFORE MARRIAGE <u>Racie Young</u>	(10) FULL NAME <u>Blacksburg, SC</u>	(11) NAME BEFORE MARRIAGE <u>Blacksburg</u>
(12) COLOR <u>black</u>	(13) AGE AT LAST BIRTHDAY <u>26</u>	(14) COLOR <u>black</u>	(15) AGE AT LAST BIRTHDAY <u>26</u>
(16) BIRTHPLACE <u>S.C.</u>	(17) OCCUPATION <u>laborer</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>laborer</u>
(20) Number of children born to mother, including present one <u>3</u>	(21) Number of children of this mother now living, including present one <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Calena (Born alive or stillborn) (How A. M. or P. M.)(23) (Signature) Richard Womack(24) (Address of Physician or Midwife) Blacksburg, SC

Given name added from a supplemental report

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

(26) Filed Jan 13 1923 (27) 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.

MARGIN RESERVED FOR RETURNING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 1.

Board of Columbia, Columbia, S. C.