

(1) PLACE OF BIRTH

County of CherokeeTownship of Chowan

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

41635

Registration District No. 1201Registered No. 138
(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 Nattie Bloomfield

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 11 1922</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Ruben Bloomfield(9) PRESENT POSTOFFICE OF FATHER Chowan SC(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Blanch Marshall(15) PRESENT POSTOFFICE OF MOTHER Chowan SC(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Farm laborer(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Minnie Norwood(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chowan SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 20 1922 (28) P. D. Ingram
Local Registrar19
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.