

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 5.

(1) PLACE OF BIRTH

County of Bamberg S.C.

Township of

or
 Inc. Town of Bamberg S.C.

or
 City of

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

CERTIFICATE OF BIRTH

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

File No.—for State Registration
44390

Registration District No. 10.9. Registered No. 1.6.
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be so recorded in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 17</u> 19 <u>23</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Frank W. Stevens</u>		(14) NAME BEFORE MARRIAGE <u>Mary Helen Blackwood</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Bamberg S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Bamberg S.C.</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Greenville S.C.</u>		(18) BIRTHPLACE <u>Rockville S.C.</u>		
(13) OCCUPATION <u>worker</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12.4 M., on the date above stated. (Born alive or stillborn) (Hour) (Date P. M.)

(23) (Signature) Tan H. Black
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Bamberg S.C.

Given name added from a supplemental report
William Black
1-6-46
J. P. [Signature]
 Registrar

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

(27) Filed 10-5 1924 (M.) Wm. J. Black 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.

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