

5/9/22

(1) PLACE OF BIRTH

County of Charleston  
Township of James Isd  
or  
Inc. Town of .....

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

File No.—For State Registrar Only  
6896

Registration District No. 904 Registered No. 24  
(For use of Local Registrar)

City of ..... (No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL B. (4) Twin or Triplet? ..... (5) Number in order of birth: ..... (6) Are Parents Married? yes (7) DATE OF BIRTH: May 7 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Abram Blake

(9) PRESENT POSTOFFICE OF FATHER Rt. Charleston S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 45  
(Year)

(12) BIRTHPLACE James Island

(13) OCCUPATION Farm-helper

(20) Number of children born to mother, including present birth: .....

MOTHER.

(14) NAME BEFORE MARRIAGE Wilhelmina Blake

(15) PRESENT POSTOFFICE OF MOTHER Rt. Charleston S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 33  
(Year)

(18) BIRTHPLACE James Island

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Abram Blake (24) State whether Parent Physician or Midwife (25) Address of Physician or Midwife Rt. Charleston S.C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed May 15 1922 (28) Geoff Scarborough 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.

REGISTRY OF COLUMBIA, COLUMBIA, S. C.