

(1) PLACE OF BIRTH

County of AndersonTownship of Pendletonor
Inc. Town ofor
City of(2) Full Name of Child. Frank Dennis Black

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

File No.—For State Registrar Only

20961

Registration District No. 310Registered No. 58
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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> <small>To be answered only in case of Twin or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 26 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Henry Black</u>			(14) NAME BEFORE MARRIAGE <u>Carrie Wilson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenwood SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pendleton SC</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			(16) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>Greenwood Co SC</u>			(18) BIRTHPLACE <u>Greenwood Co SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10 A.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) W. W. Seawright(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Pendleton SC

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed Aug 14 1922(28) W. W. Seawright
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.

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W. W. Seawright
(Signature)

WRITE PLAINLY, WITH ONE HAND ONLY. 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.

McLAW, of Columbia