

(1) PLACE OF BIRTH

County of Charoche
 Township of Morgan
 Inc. Town of Gaffney
 City of

CERTIFICATE OF BIRTH

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

No. 3342 For State Registrar Only

Registration District No. 1004

Registered No. 3
 (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 Ernest Blackwell

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

(3) SEX OR Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 16, 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William Harrison Blackwell

(9) PRESENT POSTOFFICE OF FATHER Gaffney

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Minnie Peter Bright

(15) PRESENT POSTOFFICE OF MOTHER Gaffney

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farmer

(20) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Mrs. Nancy Holman

(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Gaffney, S.C.

Given name added from a supplemental report

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

(26) Filed Feb. 2, 1923 (27) Hallie Bryan 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.

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.

Model of Columns. Columns. B. C.