

MARGIN RESERVED FOR FINDING

WRITE FULLY WITH INK—THIS IS A PERMANENT RECORD
 IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, ETC. THE OTHERS 1, 2, ETC. IN SECTION 1

SECTION OF COLUMBIA COLLEGE, S.C.

(1) PLACE OF BIRTH
 County of York
 Township or York
 or
 Inc. Town of
 or
 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 Charles Blacker (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 28, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Leiger Black</u>	(14) NAME BEFORE MARRIAGE <u>Mary Cathcart</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Tirzah S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Tirzah S.C.</u>
(10) COLOR OR RACE <u>Col.</u>	(10) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>Col.</u>	(16) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(12) BIRTHPLACE <u>Charleston Co.</u>	(12) BIRTHPLACE <u>York Co.</u>	(18) OCCUPATION <u>Farming</u>	(18) OCCUPATION <u>Farming</u>
(13) OCCUPATION <u>Farming</u>	(13) OCCUPATION <u>Farming</u>	(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>Three</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Laura Alice at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Laura Simpson (24) Address of Physician or Midwife Tirzah 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 Jan. 29, 1922 (27) 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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CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
2797

Registration District No. 4205 Registered No. 19
 (For use of Local Registrar)

Only

Ward)

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