

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

N. B.—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.

of Columbia.

(1) PLACE OF BIRTH
County of Cherokee
Township of Wagon
OR
Inc. Town of
OR
City of

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

File No. — For State Registrar Only
76220

Registration District No. 1004-B Registered No. 133
(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 Boy Blackwell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 23, 1914
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME William Carson Blackwell
(9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Cherokee Co. S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 10

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Ester Bright
(15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.
(16) COLOR OR RACE W. M. (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia T. Harshbarger

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Georgetown S.C.

Given name added from a supplemental report
....., 191.....
....., 191.....
Registrar

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

(27) Filed Sept 1 1914 (28) [Signature] 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.