

(1) PLACE OF BIRTH

County of SueterTownship of Privataor
Inc. Town ofor
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 Flair

File No.—For State Registrar Only

2591

Registration District No. 4104 Registered No. 7

(For use of Local Registrar)

(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 Jan 23 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William Blair(9) PRESENT POSTOFFICE OF FATHER Tindal, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 54 (Year)(12) BIRTHPLACE Sueter Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Ten

MOTHER

(14) NAME BEFORE MARRIAGE Lily Verdeck(15) PRESENT POSTOFFICE OF MOTHER Tindal, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 38 (Year)(18) BIRTHPLACE Marlboro Co. S.C.(19) OCCUPATION House and Field Work.(21) Number of children of this mother now living, including present birth Ten

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) AGNES Anderson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sueter, S.C. No. 2.

Given name added from a supplemental report

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

(27) Filed J-31-1922 (28) 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.