

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Williamston

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20857

Inc. Town of ..... Registration District No. 3 B Registered No. 44  
 City of ..... (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 J. C. Blessingames 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 July 9, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Blessingames

(9) PRESENT POSTOFFICE OF FATHER Piedmont

(10) COLOR OR RACE colord (11) AGE AT LAST BIRTHDAY 29  
 (Years)

(12) BIRTHPLACE Brish creek

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Lydia Dickess

(15) PRESENT POSTOFFICE OF MOTHER Piedmont

(16) COLOR OR RACE colord (17) AGE AT LAST BIRTHDAY 26  
 (Years)

(18) BIRTHPLACE SC anderson

(19) OCCUPATION House Keeping

(20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was a live, at 10 m. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) .....

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Mattie Richardson

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed July 18, 1922(28) J. C. Blessingames

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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N. McCarty, of Columbia, S. C., is the other, No. 2, etc., in question 5.

MCCARTY