

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of *Anderson*
Township of *Williamston*

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*
(For use of Local Registrar)
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. *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*
To be answered only in event of Twins or Triplets (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*
(12) BIRTHPLACE *Brish creek*
(13) OCCUPATION *Farming*
(14) Number of children born to mother, including present birth *5*

MOTHER.
(14) NAME BEFORE MARRIAGE *Lydia Dickesey*
(15) PRESENT POSTOFFICE OF MOTHER *Piedmont*
(16) COLOR OR RACE *colord* (17) AGE AT LAST BIRTHDAY *26*
(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 liv.* at *10 m.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *midwife* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Piedmont sc*
Mattie Richardson

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) *Piedmont sc*
(27) Filed *July 12 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. McNary, of Columbia, MISSISSIPPI, No. 1, FIVE OTHER, No. 2, etc., in question 5.

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