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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.  
McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH		COUNTY OF <u>Lantern</u>		TOWNSHIP OF <u>Sullivan</u>		OR INC. TOWN OF <u>Beth 4 S.C.</u>		OR CITY OF <u>Gray Court</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
(2) Full Name of Child		<u>Thomas Richard Blackwell</u>		child is not yet named, make supplemental report as directed							
(3) BOY OR GIRL		<u>Boy</u>		(4) Twin or Triplet		<u>No</u>		(5) Number in order of birth		<u>1</u>	
(6) DATE OF BIRTH		<u>Sept 19 1924</u>		(7) NAME BEFORE MARRIAGE		<u>Whit Virginia</u>		(8) PRESENT POSTOFFICE OF MOTHER		<u>Gray Court #4 S.C.</u>	
(9) COLOR OR RACE		<u>White</u>		(10) AGE AT LAST BIRTHDAY		<u>3.0</u>		(11) COLOR OR RACE		<u>White</u>	
(12) BIRTHPLACE		<u>Athensville S.C.</u>		(13) OCCUPATION		<u>Farmer</u>		(14) BIRTHPLACE		<u>Lantern S.C.</u>	
(15) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH		<u>2</u>		(16) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH		<u>2</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE											
(22) I hereby certify that I attended the birth of this child, who was <u>born alive or stillborn</u> at <u>11:05 P.M.</u> on the date above stated. (Hour A. M. or P. M.)											
(23) (Signature) <u>J. L. Dorman</u>											
(24) State whether <u>Physician or Midwife</u> (25) Address of Physician or Midwife <u>Physician - Waresboro S.C.</u>											
Given name added from a supplemental report											
(26) Witness (Signature of Witness necessary only when question 23 is signed for many)											
(27) Filed <u>Sept. 21 1924</u> (28) <u>W. H. Sullivan</u> 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.											