

When completed, this is a permanent record. When plain, with address and name, it is a permanent record. 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 3.

(1) PLACE OF BIRTH

County of Lancaster
 Township of Civil
 or
 Inc. Town of
 or
 City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

No. — For State Registrar Only
35141

Registration District No. 2804 Registered No. 176
 (For use of Local Registrar)

(2) Full Name of Child Will Georast

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 28, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Will Georast</u>			(10) NAME BEFORE MARRIAGE <u>Wm. Blackmon</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster, S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Lancaster, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Year)	(12) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>S.C.</u>			(13) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(14) OCCUPATION <u>Dom. Aid</u>	
(20) Number of children born to mother, including present birth <u>4 (2nd)</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Will Georast at 3:15 P.M. on the date above stated. (Born alive or stillborn) (Now A.M. or P.M.)

(23) (Signature) W. H. Blackmon
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Lancaster, S.C.

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
..... 19..... Registrar	(27) <u>W. H. Blackmon</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.

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