

Form No. 1

## (1) PLACE OF BIRTH

County of Horry  
 Township of Corryway  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward ....)

(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

File No.—For State Registrar Only

30725

Registration District No. 2502 Registered No. 141  
 (For use of Local Registrar)

(2) Full Name of Child Edith M. Blackman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 7, 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Roland B. Blackman(9) PRESENT POSTOFFICE OF FATHER Corryway S. C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE Horry Co. S. C.(13) OCCUPATION Summit over(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Hosie Brantley(15) PRESENT POSTOFFICE OF MOTHER Corryway S. C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE Horry Co. S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hannah Bellamy(24) State whether Physician or Midwife (25) Address of Physician or Midwife Corryway S. C.

Given name added from a supplemental report

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

(27) Filed Sept 20, 22 (28) J. D. Dyer 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 5th month of pregnancy.

WHEN PLACING WITH USARING INC.—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, ADVISE US ADVANCE BY MAIL, IN QUESTION 8, FIRST-BORN, No. 1, THE OTHER, No. 2, etc., IN QUESTION 8, MOTHER OF COLUMBIA, COLUMBIA, S. C.