

(1) PLACE OF BIRTH

County of CherokeeTownship of CherokeeOR
Inc. Town of

City of

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

(2) Full Name of Child Carte Blalock

File No. - For State Registrar Only

41427

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1001 BRegistered No. 76
(For use of Local Registrar)

(No. St. Ward)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 12, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Pink Blalock(9) PRESENT POSTOFFICE OF FATHER Grover N.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26
(Year)(12) BIRTHPLACE North Carolina(13) OCCUPATION Section Hand P.R.(20) Number of children born to mother, including present birth 1 3

MOTHER.

(14) NAME BEFORE MARRIAGE Nannie Wellson(15) PRESENT POSTOFFICE OF MOTHER Grover N.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 33
(Year)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mattie Blalock(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Grover N.C.

Given name added from a supplemental report

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

(27) Filed Jan 6, 1923 (28) J. H. Whisnand
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.