

## (1) PLACE OF BIRTH

County of AndersonTownship of 2nd

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

230

Registration District No. 3.06 Registered No. 6

(For use of Local Registrar)

2) Full Name of Child. .... { If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>to be marked yes in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 2 1923</u> <small>(Month of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME W. H. Blackwell

(9) PRESENT POSTOFFICE OF FATHER Towerville, S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Ollie Moore

(15) PRESENT POSTOFFICE OF MOTHER Towerville, S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. J. Johnson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 1923

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) W. H. Blackwell (28) J. T. Gallaway  
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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