

1. PLACE OF BIRTH

County of Colleton
 Township of Glover
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1406Registered No. _____
(For use of Local Registrar)

(No. _____)

St. _____

Ward) _____

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

2. FULL NAME OF CHILD

Earl Blake

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

3. BOY OR GIRL Boy

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Yes

DATE OF BIRTH

To be answered only in event of Twins or Triplets

Jan 4 1922
(Name of Month) (Day) (Year)

8. FULL NAME

Robert Blake

14. NAME BEFORE MARRIAGE

Bertine Christian

9. PRESENT POSTOFFICE OF FATHER

Round O. SC

15. PRESENT POSTOFFICE OF MOTHER

Round O. SC

10. COLOR OR RACE

Colored

11. AGE AT LAST BIRTHDAY

(Years)

16. COLOR OR RACE

Colored

17. AGE AT LAST BIRTHDAY

(Years)

12. BIRTHPLACE

SC

18. BIRTHPLACE

SC

13. OCCUPATION

Farmer

19. OCCUPATION

Domestic

20. Number of children born to mother, including present birth {

21. Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

23. Signature

Flora Green Madsen

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Rowell Dr.

Given name added from a supplemental report

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Registrar

26. Witness

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

27. Filed

Nov 1 1932

28.

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.