

(1) PLACE OF BIRTH

County of Clarendon
 Township of Plains River Mill
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3777

Registration District No. 1314 Registered No. 10.....
 (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 James Blacknell { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth No (6) Are Parents Married? No (7) DATE OF BIRTH Jan. 15 19 22
 (Specify of Month) (Day) (Year)

FATHER.

(8) FULL NAME
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY
 (12) BIRTHPLACE (Year)
 (13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Blacknell
 (15) PRESENT POSTOFFICE OF MOTHER Alcohu, S. C. R-2
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16.....
 (18) BIRTHPLACE Clarendon Co. S. C.
 (19) OCCUPATION Farm laborer

(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 born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Grace Tomlin(24) State whether Physician or Midwife(25) Address of Physician or Midwife Alcohu, S. C. R-2

Given name added from a supplemental report

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

(27) Filed May 4 19 22 (28) R. E. Thompson 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.

Registrar

LOCAL REGISTRAR

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MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 IN CASE OF DEATH OR OTHER EVENT, SEPARATE MARK FOR EACH CHILD AND LIST IN
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BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, COLUMBIA, S. C.