

(1) PLACE OF BIRTH

County of Clarendon
Township of Plain Lewis Mill
or
Inc. Town 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)

City of _____ (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 Blackwell (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? No (7) DATE OF BIRTH. Jan 15 1922
(Type of Month) (Day) (Year)

FATHER.

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

MOTHER.

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

(20) Number of children born to mother, including present birth _____ (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
.....
.....
..... 19 _____
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Mary 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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MAILED FOR BIDDING. WRITE PLAINLY WITH UNFAMILIAR. THIS IS A PERMANENT RECORD. DO NOT WRITE IN RED INK. SEPARATE MARKS FOR EACH CHILD. CHILDREN OF COLOR TO BE REPORTED AS SUCH. OTHER CHILDREN TO BE REPORTED AS WHITE. REGISTERED IN CLARENDON COUNTY, S. C.