

(1) PLACE OF BIRTH

County of Franklin  
Township of 15  
or  
Inc. Town of Monticello  
or  
City of SC

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

17580

Registration District No. 15 Registered No. 19  
(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 Blackmore

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

3 BOY OR GIRL B

4 Twin or Triplet

To be answered only in event of Twin or Triplet

5 Number in order of birth 10

6 Are Parents Married Y

7 DATE OF BIRTH Mar 21 1926  
(Name of Month) (Day) (Year)

FATHER

MOTHER

8 FULL NAME James Blackmore

14 NAME BEFORE MARRIAGE Mary Nightman

9 PRESENT POSTOFFICE OF FATHER Statham

15 PRESENT POSTOFFICE OF MOTHER Statham

16 COLOR OR RACE B

11 AGE AT LAST BIRTHDAY 26  
(Years)

16 COLOR OR RACE B

17 AGE AT LAST BIRTHDAY 25  
(Years)

12 BIRTHPLACE SC

15 BIRTHPLACE SC

13 OCCUPATION Farmer

16 OCCUPATION wife

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

21 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) James Blackmore

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

Given name added from a supplemental report

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

(27) Filed Jan 10 1926 (28) C. H. Smith 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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