

(1) PLACE OF BIRTH

County of AikenTownship of Seagr

Inc. Town of

City of Warrenville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Register Only

30748

Registration District No. 204 Registered No. 94

(For use of Local Registrar)

M.I. Ward)

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

(2) Full Name of Child W. Martin B. Blackwell(4) BOY OR GIRL? Boy (6) Twin or Triplet? No (8) Number in order of birth 1 (10) Are Parents Married? Yes (12) DATE OF BIRTH Oct 3 1923

(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Frank Blackwell(3) PRESENT RESIDENCE OF FATHER Warrenville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Aiken Co(13) OCCUPATION Housewife(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Maddox(15) PRESENT RESIDENCE OF MOTHER Warrenville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Aiken Co(19) OCCUPATION Cotton mill(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Oct 3 at 2:30 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) N. White(24) State whether Physician or Midwife (25) Address of Physician or Midwife Warrenville S.C.

Given name added from a supplemental report

101

Registrar

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

(27) Filed Oct 10 1923 (28) H. T. Turnbull, B.S., M.D. 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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