

By Adoption

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-2

FILE No.—For State Registrar Only

23682-2

1. PLACE OF BIRTH

County of Richland

Township of _____

or

Inc. Town of _____

or

City of Columbia

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

(No. _____ St. _____)

Registered No. _____
(For use of Local Registrar)

Ward _____

2. FULL NAME OF CHILD Tullie Edwin Blackwell

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

3. Boy or Girl
BoyIf Plural
births _____

4. Twins, triplets or other _____

6. Premature _____

7. Are Parents _____

8. Date of
birth July 619 22

5. Number, in order of birth _____

Full term yesMarried? yes

(Month, day, year)

9. Full
name

FATHER

Lawrence Blackwell10. Residence (mailing address)
(If non-resident, give place and State)Columbia, S. C.18. Name before
marriage

MOTHER

Julia McNaughton Blackwell19. Residence (mailing address)
(If non-resident, give place and State)Columbia, S. C.11. Color or race W.12. Age at child's birth 36 (years)20. Color or race W.21. Age at child's birth 32 (years)13. Birthplace (city or place)
(State or country)Kershaw County, S. C.22. Birthplace (city or place)
(State or country)Kershaw County, S. C.14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Carpenter23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.Housewife15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc.24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.16. Date (month and year last)
engaged in this work

19 _____

17. Total time (years)
spent in this work25. Date (month and year) last
engaged in this work

19 _____

26. Total time (years)
spent in this work

19 _____

27. Number of children of this mother
(At time of birth and including this child)5 (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 028. If stillborn,
period of gestation _____months
weeks

29. Cause of stillbirth _____

Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 3 Am. on the date above stated.
(Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at _____ M. on above date.
(Name of Prophylactic)Left Palate _____ Hare Lip _____ Other Deformities _____
(Specify)(When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.)Given name added from
a supplementary report _____

(Date of)

(Signed) Deceased

Father.

Julia McNaughton Blackwell Mother.

Address _____

Filed Feb-25, 1942Marion B. Woodward, M.D.
Registrar.

Registrar.