

By Adoption

Standard Certificate of Birth

FILE No.—For State Registrar Only

23682-2

1. PLACE OF BIRTH

County of Richland

Township of _____

or
Inc. Town of _____

of Columbia

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

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-2 Registered No. _____
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

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

2. FULL NAME OF CHILD Tullie Edwin Blackwell

3. Boy or Girl Boy 4. Twins, triplets or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Are Parents _____ 8. Date of birth July 6, 1922
(Month, day, year)

9. Full name **FATHER**
Lawrence Blackwell

18. Name before marriage **MOTHER**
Julia McNaughton Blackwell

10. Residence (mailing address) Columbia, S. C.
(If non-resident, give place and State)

19. Residence (mailing address) Columbia, S. C.
(If non-resident, give place and State)

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) Kershaw County, S. C.
(State or country)

22. Birthplace (city or place) Kershaw County, S. C.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. 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____

25. Date (month and year) last engaged 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 0

28. If stillborn, _____ 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.)

(Signed) Deceased _____ Father.
Julia McNaughton Blackwell _____ Mother.

Given name added from _____
a supplementary report _____
(Date of)

Address _____
Filed Feb. 25, 1942

Registrar.

Martha B. Woodward, M. D.
Registrar.