

16 092969

FILE No.—For State Registrar Only  
002361. PLACE OF BIRTH  
Anderson  
County of.....Standard Certificate of Birth  
STATE OF SOUTH CAROLINATownship of.....  
or  
Inc. Town of.....  
of Anderson  
City of.....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registration District No. 3-a Registered No. (For use of Local Registrar)

2. FULL NAME OF CHILD Charlie Blackwell

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

3.  Boy or Girl  If Plural births 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature.....  Full term..... 7. Are Parents Married?  yes  no 8. Date of birth Dec. 1, 1916, 19..... (Month, day, year)9. Full name FATHER  
Williams Blackwell  
10. Residence (mailing address) Anderson, S.C.  
(If non-resident, give place and State)  
11. Color or race negro 12. Age at child's birth 25 (years)  
13. Birthplace (city or place) Townville S.C.  
(State or country)18. Name before MOTHER  
marriage Florence Lattimore  
19. Residence (mailing address) Anderson, S.C.  
(If non-resident, give place and State)  
20. Color or race Negro 21. Age at child's birth 23 (years)  
22. Birthplace (city or place) Belton, S.C.  
(State or country)OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.  
16. Date (month and year last) engaged in this work 19..... 17. Total time (years) spent in this work.....OCCUPATION  
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  
25. Date (month and year last) engaged in this work 19..... 26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child) 5 (a) Born alive and now living none (b) Born alive but now dead 4 (c) Stillborn n

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at 9 p.m. on the date above stated.  
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Florence Blackwell, Parent

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

or..... Guardian  
Address 1319 South First StreetFiled 1/12/42, 19 M. B. Woodward, M.D.  
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)