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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)

1. PLACE OF BIRTH
County of Anderson

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only
00236

Township of _____
or
Inc. Town of _____
City of Anderson

Registration District No. 3-a Registered No. _____
(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 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 ☐ 8. Date of birth Dec. 1, 1916, 19____
(Month, day, year)

9. Full name FATHER Williams Blackwell

18. Name before marriage MOTHER Florence Lattimore

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

19. 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)

20. Color or race Negro 21. Age at child's birth 23 (years)

13. Birthplace (city or place) Townville S.C.
(State or country)

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

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

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

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 _____ 17. Total time (years) spent in this work _____

25. Date (month and year last) engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 5 (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 Street

Filed 1/12/42, 19____ M. B. Woodward, M.D.

Registrar.

Registrar.