

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of Piedmont

or

City of

(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 Registrar Only

46304

Registration District No. 778 Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child Public Better Blackman

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 27 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME James Blackman(9) PRESENT POSTOFFICE OF FATHER Piedmont(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Greenville Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ada Blackman(15) PRESENT POSTOFFICE OF MOTHER Piedmont(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37
(Years)(18) BIRTHPLACE Greenville Co(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alone, at 5:00 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Arthur Sheffield(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Piedmont S.C.(26) Witness W. H. Kipp
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 31 1916 (28) R. F. Phillips
Local Registrar

Given name added from a supplemental report

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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.

MAILED FEBRUARY 1916
THIS PLACE WITH THE OTHERS OF THE YEAR TO A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia