(1) PLACE OF BIRTH

County of Lancaster,.....
Township of .Gills Creek,...
or
Inc. Town of.....
or
City of .....

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
19208

Registration District No. 2804 Registered No. 128
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. .....St.; .....Ward)

(2) Full Name of Child Blackmon, (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy. | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? Yes. | (7) DATE OF BIRTH 6/29/22 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Joe. B.Blackmon,
(9) PRESENT POSTOFFICE OF FATHER Lancaster,S.C.,R*5.
(10) COLOR OR RACE White. (11) AGE AT LAST BIRTHDAY 39. (Years)
(12) BIRTHPLACE Lancaster,S.C.
(13) OCCUPATION Farmer.
(20) Number of children born to mother, including present birth Eleven.

## MOTHER.

(14) NAME BEFORE MARRIAGE Nettie Farrish,
(15) PRESENT POSTOFFICE OF MOTHER ancaster,S.C.,R*5.
(16) COLOR OR RACE White. (17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE York Co.,S.C.
(19) OCCUPATION Housewife.
(21) Number of children of this mother now living, including present birth Nine.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9.20 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R C B
(24) State whether Physician or Midwife: Physician,
(25) Address of Physician or Midwife: Lancaster,S.C.

Given name added from a supplemental report .....
..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7-14 1922 (28) C. Brumason
Local 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.

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(1)—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

Mail to Bureau of Columbia, Columbia, S. C.