

## (1) PLACE OF BIRTH

County of AikenTownship of Greenville

or Inc. Town of

or Greenville S.C.

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

2866

Registration District No. 204 Registered No. 13

(For use of Local Registrar)

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 22, 22 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Willie Blocker(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Aiken Co(13) OCCUPATION Common laborer(20) Number of children born to mother, including present birth 4

## MOTHER

(14) NAME BEFORE MARRIAGE Bertha Rhysant(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Edgefield S.C.(19) OCCUPATION House wife(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 alive at 4:00 clock PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bertha Rhysant(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Greenville S.C.

Given name added from a supplemental report

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

(27) Filed Feb. 14, 22 W. F. Turnbull, B.S., M.D. 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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FORM NO. 1—MARGIN RESERVED FOR BINDING

THIS PLACED WITH UPDATING LIST—THIS IS A PERMANENT RECORD

A birth record of twins or triplets, etc., requires a separate placard for each child, and must be placed in the same column as the first-born child. THE OTHER NO. 1, etc., in question 5.

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A. M.,

P. M.)

Midwife

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