

(1) PLACE OF BIRTH

County of Magill
 Township of Blair
 or
 Inc. Town of Blair
 or
 City of Blair

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

File No.—For State Registrar Only

18471

Registration District No. 3.3.4. Registered No. 80
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child not named

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

(1) BOY OR GIRL <u>Boy</u>	(2) Twin or Triplet <u>—</u> To be answered only in event of Twin or Triplet	(3) Number in order of birth <u>1</u>	(4) Are Parents Married <u>—</u>	(7) DATE OF BIRTH <u>Feb 15 23</u> (Name of Month) (Day) (Year)
(8) FATHER FULL NAME <u>Rev. Arthur Cook</u> PRESENT POSTOFFICE OF FATHER <u>Blair S.C.</u>		(9) MOTHER NAME BEFORE MARRIAGE <u>Esie B. Thompson</u> PRESENT POSTOFFICE OF MOTHER <u>Blair S.C.</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(12) BIRTHPLACE <u>Miss.</u>	(13) COLOR OR RACE <u>negro</u>	(14) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(15) BIRTHPLACE <u>Miss.</u>	(16) OCCUPATION <u>Preacher</u>	(17) BIRTHPLACE <u>Miss.</u>	(18) OCCUPATION <u>—</u>	(19) Number of children born to mother, including present birth <u>2</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was John C. Farmer at 100 M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) John C. Farmer M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Blair 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 15 23 (28) Blair S.C. Local Registrar

When there was no attending physician or midwife, when 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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