

No. 1

## (1) PLACE OF BIRTH

County of Marion  
 Township of Bowling  
 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

7835

Registration District No. 3206Registered No. 2  
(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 Arthur L. Gette

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Aug 2, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER	
(8) FULL NAME <u>Charlie P. Blackwell</u>			(14) NAME BEFORE MARRIAGE <u>Lucy LeGette</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Marion Rt. 4 D.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Marion Rt. 4 D.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		
(12) BIRTHPLACE <u>Marion Co. D.C.</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)			
(13) OCCUPATION <u>Farm Laborer</u>			(18) BIRTHPLACE <u>Marion Co. D.C.</u>	
(19) OCCUPATION <u>Farm Laborer</u>			(19) OCCUPATION <u>Farm Laborer</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Thomas  
 (24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Marion Rt. 4 D.C.

Given name added from a supplemental report

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

(27) Filed Mar 12, 1923 (28) J. M. Pastwright 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.