

(1) PLACE OF BIRTH

County of GreeneTownship of GreeneInc. Town of GreeneCity of Greene

(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

Registration District No. 10A Registered No. 6
(For use of Local Registrar)(2) Full Name of Child James Leroy If child is not yet named, make appropriate report as directed.

(1) SEX OF CHILD <u>Boy</u>	(2) TIME OF BIRTH <u>1</u>	(3) NUMBER OF CHILD <u>4</u>	(4) DATE OF BIRTH <u>Aug 12 1929</u>
FATHER		MOTHER	
(5) FULL NAME <u>Robert Z. Blackman</u>		(6) NAME BEFORE MARRIAGE <u>Joie White</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Myrtle A. R. A. D.</u>		(8) PRESENT POSTOFFICE OF MOTHER <u>Myrtle A. R. A. D.</u>	
(9) COLOR OR RACE <u>White</u>	(10) AGE AT LAST BIRTHDAY <u>32</u>	(11) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>28</u>
(13) BIRTHPLACE <u>Cherokee County, Ga.</u>		(14) BIRTHPLACE <u>Cherokee County, Ga.</u>	
(15) OCCUPATION <u>Farmer</u>		(16) OCCUPATION <u>Domestic</u>	
(17) Number of children born to mother, including present birth <u>4</u>		(18) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was Alive at birth, on the date above stated. (New M. or P. M.)

(20) (Signature)

(21) State whether Physician or Midwife

(22) Address of Physician or Midwife

Given under my hand and seal

(23) Witness

(Signature of Witness necessary only when question is signed by nurse)

James H. Smith 10... 23... 1929

This certificate should be returned to the Bureau of Vital Statistics, Columbia, S.C., should make this return. If not returned to the Bureau, the report is deemed of no effect.