

5-11-45 EFC

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Form No. 3

## 1. PLACE OF BIRTH

## CERTIFICATE OF BIRTH

FILE No.—For State Registrar Only

0074--

County of Chesterfield STATE OF SOUTH CAROLINABureau of Vital Statistics  
Township of Alligator State Board of Healthor  
Inc. Town of \_\_\_\_\_ Registration District No. 12.00 Registered No. \_\_\_\_\_  
(For use of Local Registrar)or  
City of M. Bee (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 James Lement Blackwell If child is not yet named, make supplemental report as directed.3. BOY OR GIRL Boy 4. Twin or Triplet? \_\_\_\_\_ 5. Number in order of birth \_\_\_\_\_ 6. Are Parents Married? yes 7. DATE OF BIRTH November 21, 1916 19 \_\_\_\_\_  
(Name of Month) (Day) (Year)

FATHER MOTHER

8. FULL NAME Kistler Blackwell 14. NAME BEFORE MARRIAGE Mamie Johnson9. ADDRESS AT CHILD'S BIRTH M. Bee, South Carolina 15. ADDRESS AT CHILD'S BIRTH M. Bee, South Carolina10. COLOR OR RACE white 11. AGE AT CHILD'S BIRTH 31 (Years) 16. COLOR OR RACE white 17. AGE AT CHILD'S BIRTH 32 (Years)12. BIRTHPLACE M. Bee, South Carolina 18. BIRTHPLACE Bethune, South Carolina13. OCCUPATION Farming 19. OCCUPATION Housewife20. Number of children born to mother, including present birth 3 21. Number of children by this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was born alive at 6 A. M.  
(Born alive or stillborn) (Hour A.M. or P.M.)  
on the date above stated.23. Signature E. J. Fensdell M.D.24. State whether Physician or Midwife \_\_\_\_\_ 25. Address of Physician or Midwife Bethune, 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 May 24, 1945 28. Thos. P. Lesesne 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.MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—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.