

(1) PLACE OF BIRTH

County of Durham

Township of Northville

or  
Inc. Town of

or  
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

45983

Registration District No. 1502 Registered No. 7  
(For use of Local Registrar)

2) Full Name of Child Jessie M. Rhoda Blackwell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>to be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>January 25</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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#### FATHER.

(8) FULL NAME Henry Blackwell

(9) PRESENT POSTOFFICE OF FATHER Northville

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Northville

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 9

#### MOTHER.

(14) NAME BEFORE MARRIAGE Carie Rhoda

(15) PRESENT POSTOFFICE OF MOTHER Northville

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Northville

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 9

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) D. H. Blackwell  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
..... 191.....  
.....  
.....  
Registrar

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

(27) Filed Jan 31 1916 (28) Atanyone Davis 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. 8. MAILING PRESERVED FOR THE BUREAU OF VITAL STATISTICS. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. M. R.—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. M. C. W. of Columbia