

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

No. for this Register only
22516

County of **Hartenburg**

Township of

City of **Hartenburg**

Registration District No. **40-a** Registered No. **323**
 (For use of Local Registrar)

(No. **115** **Logan** St.) Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (1) Full Name of Child **William Stuart Blackwell** If child is not yet named, make supplemental report as directed

(2) Sex **Male** (3) Twin or Triplet **No** (4) Number in order of birth **1** (5) Are Parents Married **Yes** (6) DATE OF BIRTH **7-5-1923**
 (Name of Month) (Day) (Year)

FATHER.
 (7) Full Name **Arthur Grant Blackwell**
 (8) Present Postoffice of Father **Hartenburg, S.C.**
 (9) COLOR OF FATHER **W** (10) AGE AT LAST BIRTHDAY **28** (Year)
 (11) BIRTHPLACE **N.C.**
 (12) OCCUPATION **Painter**
 (13) Number of children born to father, including present birth **Four**

MOTHER.
 (14) NAME BEFORE MARRIAGE **Essie May Wertenan**
 (15) PRESENT POSTOFFICE OF MOTHER **Hartenburg, S.C.**
 (16) COLOR OR RACE **W** (17) AGE AT LAST BIRTHDAY **25** (Year)
 (18) BIRTHPLACE **N.C.**
 (19) OCCUPATION **Housework**
 (20) Number of children of this mother now living, including present birth **Four**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was **Born Alive** at **1 P. M.** on the date above stated. (Day alive or stillborn. Hour A. M. or P. M.)

(22) (Signature) **J. E. Cook** (23) Address of Physician or Midwife **Hartenburg, S.C.**
 (24) State whether Physician or Midwife **Physician**

Given name added from a supplemental report

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

(26) Filed **8-1-1923** (27) Local Registrar **Jas. Copes**

When there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.

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