

## (1) PLACE OF BIRTH

County of AbbevilleTownship of Abbevilleor  
Inc. Town of AbbevilleCity of Abbeville

(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

5571

Registration District No. 1 A Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child Boris Lucille Blackstock

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH July 4, 1923

Name of Month (Day) (Year)

## FATHER.

(8) FULL NAME Charles Henry Blackstock(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Summerville Ga.(13) OCCUPATION Longshore Fireman(14) Number of children born to father, including present birth 2

## MOTHER

(14) NAME BEFORE MARRIAGE William England(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Rison Ark.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature) B. W. W. W.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville 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 mech 1923 (28) Miss Julia J. E. E. E. 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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