

## (1) PLACE OF BIRTH

County *Union*

Township of .....

Inc. Town of .....

City of *Union*

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

870?

Registration District No. *42-A*Registered No. *26*  
(For use of Local Registrar)(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 *Elmer C. Blackwell* If child is not yet named, make supplemental report as directed(3) SEX *Boy* (4) Type or Order of Birth *1st* (5) Number in order of birth *1st* (6) Age of Child *9 mos* (7) DATE OF BIRTH *1/2/23*  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<i>Ed. J. Blackwell</i>	(14) NAME BEFORE MARRIAGE	<i>Doris Jolly</i>
(9) PRESENT POSTOFFICE OF FATHER	<i>Union S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER	<i>Union S.C.</i>
(10) COLOR OR RACE	<i>W</i>	(16) COLOR OR RACE	<i>W</i>
(11) AGE AT LAST BIRTHDAY (Years)	<i>28</i>	(17) AGE AT LAST BIRTHDAY (Years)	<i>26</i>
(12) BIRTHPLACE	<i>Charleston S.C.</i>	(18) BIRTHPLACE	<i>Union S.C.</i>
(13) OCCUPATION	<i>Electrician</i>	(19) OCCUPATION	<i>Homemaker</i>
(20) Number of children born to mother, including present birth	<i>2</i>	(21) Number of children of this mother now living, including present birth	<i>2</i>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *12:00 A.M.* on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *J. N. McArthur*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

*L. A. River M.D.**7/26/43*19  
Registrar

(26) Witness

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

(27) Filed *4-10-23* (28) *J. V. Jarrall*

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.