

(1) PLACE OF BIRTH

County of UnionTownship of UnionInc. Town of UnionCity of Union

(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

22787

Registration District No. 42 H Registered No. 81

(For use of Local Registrar)

(No. Morgan St. Ward)

(2) Full Name of Child

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

(4) Twin or triplet? Yes (5) Number in order of birth 1

(To be answered only in case of twins or triplets)

(6) Are Parents Married? Yes(7) DATE OF BIRTH July 3 1912
(Name of Month) (Day) (Year)

FATHER.

NAME James Blackwood

PRESENT POSTOFFICE OF FATHER

UnionCOLOR White (11) AGE AT LAST BIRTHDAY 30BIRTHPLACE Union CoOCCUPATION Mill WorkerNumber of children born to Three
now living, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Cogdale(15) PRESENT POSTOFFICE OF MOTHER Union(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25(18) BIRTHPLACE Coch C. Tenn(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Born alive (Four A. M. or P. M.) on the date above stated.(23) (Signature) J. B. Swisher(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union

See your add. I from a supplemental report

(26) Witness

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

(27) Filed 7 10 1912 (28) J. B. Swisher Local Registrar

If there is no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.

before the fifth month of pregnancy