

Form No. 1

(1) PLACE OF BIRTH

County of Dillon
 Township of North
 or
 Inc. Town of
 or
 City of

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

File No. - For State Registrar Only
3641

Registration District No. 1603

Registered No. 16
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Niece B. Blakely

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

(3) Sex <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number to order of birth	(6) Age of Parent <u>40</u>	(7) DATE OF BIRTH <u>Feb 26 1920</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Amos J. Merwin</u>			(10) NAME BEFORE MARRIAGE <u>Bella Fields</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lake View S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Lake View S.C.</u>	
(12) COLOR OR RACE <u>Caucasian</u>	(13) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(14) COLOR OR RACE <u>Caucasian</u>	(15) AGE AT LAST BIRTHDAY <u>18</u> (Years)	(16) BIRTHPLACE <u>Dillon County</u>
(17) OCCUPATION <u>Book Worker</u>			(18) OCCUPATION <u>Housewife</u>	
(19) Number of children born to mother, including present birth <u>1</u>			(20) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Amos J. Merwin(23) State South Carolina Physician or Midwife(24) Address of Physician or Midwife Amos J. Merwin

Given name added from a supplemental report

(25) Witness Amos J. Merwin

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

(26) Filed 2-27-20 (27) Local Registrar Amos J. Merwin

*When there was no attending physician or midwife, then the father, householder, or other person present at the birth must report as stillborn. No report is needed if the child is born before the fifth month of pregnancy.