

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Law of Columbia.

(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

Inc. Town of

City of

(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

50849

Registration District No. 100

Registered No. 86

(For use of Local Registrar)

(2) Full Name of Child Nath Black

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet? X

(5) Number in order of birth X

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

March 5 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jeff Black Jr

(9) PRESENT POSTOFFICE OF FATHER

Abbeville SC

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

29
(Years)

(12) BIRTHPLACE

Abbeville SC

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Chen Esther Tate

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville A

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Abbeville Co

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 4 P M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. P. Russell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Dr. J. P. Russell Abbeville Co

Given name added from a supplemental report

(26) Witness

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

(27) Filed

3/12

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(28)

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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