

SEPARATE BLANK FOR EACH CHILD, AND USE THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH
County of Anderson
Township of Barren
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

Registration District No. 314 Registered No. 6
(For use of Local Registrar)

(2) Full Name of Child Rufus Blackwell (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 28, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Irish Blackwell</u>			(10) NAME BEFORE MARRIAGE <u>Elga Richey</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson SC #2</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Anderson SC #2</u>	
(12) COLOR OR RACE <u>Negro</u>			(13) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(14) BIRTHPLACE <u>La</u>			(15) BIRTHPLACE <u>La</u>	
(16) OCCUPATION <u>Farmer</u>			(17) OCCUPATION <u>Domestic</u>	
(18) Number of children born to mother, including present birth <u>1</u>			(19) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Hour A. M. or P. M.) 2:00 P. M.

(21) (Signature) [Signature]
(22) State whether Physician or Midwife Physician
(23) Address of Physician or Midwife Anderson SC

Given name added from a supplemental report

(24) Witness
(Signature of Witness necessary only when question 20 is signed by birth)

(25) Filed 3/10 1923 (26) [Signature]
Registrar

*When there was no attending physician or midwife, then the father, head of household, or other person, must report as stillborn. No report is required before the fifth month of pregnancy.