

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Campbell
 or
 Inc. Town of _____
 of _____
 City of _____

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

File No. — For State Registrar Only
12850

Registration District No. 4001 Registered No. 19
 (For use of Local Registrar)

(2) Full Name of Child Janette Blackwell (No. _____ St. _____ Ward _____)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 7, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

Robert Franklin FATHER.

(8) FULL NAME Robert Blackwell

(9) PRESENT POSTOFFICE OF FATHER S.C. R# 3

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE North Carolina

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Celia Ginnell

(15) PRESENT POSTOFFICE OF MOTHER Immora S.C. #3

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE North Carolina

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) P. C. Morrow (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Campbell S.C. #2

Given name added from a supplemental report

L. A. P. Riser, M.D.
1/22/45 19 _____
 Registrar

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

(27) Filed 4-21 19 22 (28) C. E. Mayhew Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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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