

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

16690

County of

Township of

City of

City of

City of

Registration District (No.)

Registered No. 57
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child

James William Blackwell
(Child is not yet named, make supplemental report as directed)

(3) Sex of Child: *B*
(4) Twin or Triplet? *No*
(5) Number in order of birth: *1*
To be answered only in event of Twin or Triplet

(6) Are Parents Married? *No*

(7) DATE OF BIRTH: *May 13, 1922*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER

(14) NAME BEFORE MARRIAGE: *Hector Blackwell*

(15) PRESENT POSTOFFICE OF MOTHER: *Bureau DR*

(16) COLOR OR RACE: *W*

(17) AGE AT LAST BIRTHDAY: *22*
(Years)

(18) BIRTHPLACE: *DR*

(19) OCCUPATION: *Domestic*

(20) Number of children born the mother, including present birth: *1*

(21) Number of children of this mother now living, including present birth: *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Consent of father to marriage

(26) Witness

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

(27) Registrar

(Signature of Registrar)

Local Registrar

When there is a question of the child's sex, the father, householder, etc. should make this return. No report is desired of stillbirths.