

Form No 1.

(1) PLACE OF BIRTH

County of Charlottesville

Township of

or
Inc. Town ofCity of Charlottesville

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

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only
59509Registration District No. 15A Registered No.

(For use of Local Registrar)

(2) Full Name of Child Henry Franklin Blackman If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 7th (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Henry Blackman</u>	(14) NAME BEFORE MARRIAGE <u>Lilly May Peritt</u>	(18) PRESENT POSTOFFICE OF FATHER <u>Fort Sumter, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charlottesville S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Charlottesville S.C.</u>	(18) BIRTHPLACE <u>Marion S.C.</u>	(19) OCCUPATION <u>Soldier in U.S. Army</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Boy, at 3:30 P.M. on the date above stated. (Born alive or stillborn) (M. or P. M.)(23) (Signature) J. W. Wilson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charlottesville S.C.

Given name added from a supplemental report

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

(27) Filed April 10th 1916 (28) C. A. Early Local Registrar

*When there is no attending physician or midwife, then the father, householder, etc., should make this return for a child born alive, and if not yet named as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 3.