

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.

(1) PLACE OF BIRTH

County of Kershaw
 Township of Buffalo
 or
 Inc. Town of
 or
 City of Thomas Walter, Blackwell St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

92593

Registration District No. 3813Registered No. 3
(For use of Local Registrar)

(2) Full Name of Child

Blackwell

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 16 19 16
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William E. Blackwell(9) PRESENT POSTOFFICE OF FATHER Kershaw SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Lumber(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Maynard Snuggs(15) PRESENT POSTOFFICE OF MOTHER Kershaw SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Joseph E. Thomas(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Jefferson St.

Given name added from a supplemental report

M. B. W. no.5-9-4719 19 Registrar

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

(27) Filed 2/3 19 17 (28) Blackwell 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.