

(1) PLACE OF BIRTH

County of Lancaster
 Township of Pleasant Hill
 or
 Inc. Town of.....
 or
 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

No. 41252
 (For use of Local Registrar)

Registration District No. Registered No. 127
 (For use of Local Registrar)

(2) Full Name of Child

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

(1) SEX OF CHILD <u>Girl</u>	(4) Type of Triplets To be reported only in case of Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 28 1923</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Lennie Blackmon</u>	(14) NAME BEFORE MARRIAGE <u>Allie Lee Sowell</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Heath Springs S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Heath Springs S.C. R. 2</u>			
(10) COLOR OR RACE <u>Mulatto</u>	(16) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Lancaster Co</u>	(18) BIRTHPLACE <u>Lancaster Co</u>			
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Farm Help</u>			
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lilla Dine Blackmon
 (24) State whether Physician or Midwife Midwife
 (25) Address of Physician or Midwife Lancaster S.C. R. 6

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed (28) 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 stillbirth before the fifth month of pregnancy.

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