

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

County of Blair STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of St. Mark State Board of Health

File No. For State Registrar Only
76456

Inc. Town of or Registration District No. 1310 Registered No. 22
 (For use of Local Registrar)
 City of (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 Aida Black } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept, 17, 1914</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME J. B. Black

(9) PRESENT POSTOFFICE OF FATHER Wilson St.

(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 5

MOTHER.

(14) NAME BEFORE MARRIAGE Hester Dove

(15) PRESENT POSTOFFICE OF MOTHER Wilson St.

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION W

(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 5:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Not Present

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 101.....

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 1914 (28) Not Present Local Registrar.

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.
 McCay, of Columbia.

*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.