

PLACE OF BIRTH

County of

Township of

or

Town of

or

City of

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

Full Name of Child Bernard Skatayna Blackship If child is not yet named, make supplemental report as directedPAY OR
FEE(4) Twin
or triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH May 23 1923
(Name of Month) (Day) (Year)

FATHER.

FULL
NAMEPRESENT
POSTOFFICE
OF FATHERCOLOR
OR
RACE(8) AGE AT LAST
BIRTHDAY 32
(Years)

BIRTHPLACE

OCCUPATION

Number of children born to
- this, including present birth

MOTHER.

(9) NAME BEFORE
MARRIAGE(10) PRESENT
POSTOFFICE
OF MOTHER(11) COLOR
OR
RACE(12) AGE AT LAST
BIRTHDAY 30
(Years)

(13) BIRTHPLACE

(14) OCCUPATION

(15) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive as 11 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(16) (Signature)

(17) State whether Physician or Midwife

(18) Address of Physician or Midwife

On name added from a supplement-
al report

(19) Witness

(Signature of Witness necessary only
when question 16 is signed by mark)

(20) Filed

6/11 23

(21)

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If
child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.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.File No.—For State Registrar Only
16252CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health