

Form No. 1

(1) PLACE OF BIRTH

County of Wannamaker
 Township of Blacksville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3173

Registration District No. 504 Registered No. 13.....
 (For use of Local Registrar)

(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 Scholas Henry Blumie If child is not yet named, make supplemental report as directed

1 BOY OR GIRL?

4 Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH

Jan 18, 22
 (Name of Month) (Day) (Year)

FATHER.

2 FULL NAME

3 PRESENT POSTOFFICE OF FATHER

10 COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

12 BIRTHPLACE

13 OCCUPATION

20 Number of children born to mother, including present birth

1

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Jessie Lee Blumie

(15) PRESENT POSTOFFICE OF MOTHER

Blacksville

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

Blacksville

(19) OCCUPATION

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

1

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was white at 1:00 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb. 1, 1922

(28)

D. D. Wannamaker
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.

MAINTAIN REGISTRATION BOOK INDIVIDUAL. WHITE PLAINLY. ADDITIONAL INFORMATION—When in a PLAIN AND NOTED RECORD. N. B.—In case of TWIN OR TRIPLET use a SEPARATE BLANK FOR EACH CHILD and mark the PRINTED-BOOK. No 1 THIS OTHER, No 2, etc., in question 5.

MADE BY CHICAGO, ILLINOIS, U. S. C.