

MECOW OF COLUMBIA, COLUMBIA, S. C.

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 Cherokee  
 Township of Gaffney  
 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  
25307

Registration District No. 10A Registered No. 190  
 (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 Daisy Lorne Blackwood If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 29 19 22  
 (Name of Month) (Day) (Year)  
 To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME William H. Blackwood  
 (9) PRESENT POSTOFFICE OF FATHER Gaffney, S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Year)  
 (12) BIRTHPLACE Gaffney, S.C.  
 (13) OCCUPATION mill work  
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Virginia May Brigg  
 (15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Year)  
 (18) BIRTHPLACE Gaffney S.C.  
 (19) OCCUPATION Housework  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife W. D. Gaffney, S.C.

Given name added from a supplemental report

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

(27) Filed Sept 11 19 22 (28) W. F. Smith 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.

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