

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

237

County of AndersonTownship of Corner

Inc. Town of

City of

Registration District No. 304Registered No. 2
(For use of Local Registrar)

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

(2) Full Name of Child Walter Black

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

(3) BOY OR GIRL boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 28, 23
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Black(9) PRESENT POSTOFFICE OF FATHER Ira(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE And Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Hill(15) PRESENT POSTOFFICE OF MOTHER Ira(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE And Co.(19) OCCUPATION Housewife(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 Alive at 7:30 P. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Cleopatra James(24) State whether Physician or Midwife midwife (25) Address of Phys. or Midwife Ira

(If name added from a supplemental report)

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

(27) Filed Jan 29, 23 (28) L. W. McDaniel 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.