

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

FILE NO.—For Each Register Unit  
**4-2902**

City of **Blackville** Registration District No. **5A** Registered No. **2**  
 (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)

**FULL NAME OF CHILD** **Judith Poliakoff** (If child is not yet named, make supplemental report as directed)

1. Twin or Triplet \_\_\_\_\_ 2. Number in order of birth \_\_\_\_\_ 3. Are parents married? **yes** 4. DATE OF BIRTH **Jan 24 1923**  
 (Name of Month (Day) (Year))

**FATHER**  
 FULL NAME **Samuel Poliakoff**  
 PRESENT POSTOFFICE OF FATHER **Blackville**  
 COLOR OR RACE **White** 11. AGE AT LAST BIRTHDAY **38** (Years)  
 BIRTHPLACE **Russian**  
 OCCUPATION **merchant**  
 Number of children born to mother, including present birth { **5**

**MOTHER**  
 14. NAME BEFORE MARRIAGE **Fannie Poliakoff**  
 15. PRESENT POSTOFFICE OF MOTHER **Blackville**  
 16. COLOR OR RACE **White** 17. AGE AT LAST BIRTHDAY **27** (Years)  
 18. BIRTHPLACE **Augusta Ga**  
 19. OCCUPATION **Housewife**  
 21. Number of children of this mother now living, including present birth { **4**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was **alive** at **11:00** A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature **O. D. Hammond M.D.**  
 24. State whether Physician or Midwife \_\_\_\_\_ 25. Address of Physician or Midwife \_\_\_\_\_

was made added from a supplemental report \_\_\_\_\_  
 \_\_\_\_\_ 1923 \_\_\_\_\_  
 Registrar

26. \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
 27. Filed **Feb 10 1923** 28. **O. D. Hammond** Local Registrar.

When there was an attending physician or midwife, then the father, householder, etc., should make this return. Child must be reported even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.