

FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 1, Register of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. - For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		18901	
Township of .....		Registration District No. <u>384</u>		Registered No. <u>468</u>	
Inc. Town of .....		(No. 1912 <u>Sumter St.</u> St. .... Ward)		(For use of Local Registrar)	
City of <u>Columbia</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child <u>Theodore DuBois Blanks</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 6, 1923</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Walter Nesbit Blanks</u>			(14) NAME BEFORE MARRIAGE <u>Claudia Harper</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>28</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>25</u> (Year)		
(12) BIRTHPLACE <u>Chester Co</u>			(18) BIRTHPLACE <u>Marlboro Co.</u>		
(13) OCCUPATION <u>Laundryman</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Three (3)</u>			(21) Number of children of this mother now living, including present birth <u>Three (3)</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>7 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Howard B. Sloan</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
(26) Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
(27) Registrar <u>19</u>			(28) Filed <u>July 3, 1923</u>		
(29) Registrar			(30) <u>A. J. Sloan</u> Local Registrar		

\*When there was no attending physician or midwife, then the father, household, 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.

Before the fifth month of pregnancy.