

(1) PLACE OF BIRTH

County of AccomacTownship of Wagueror
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3596

File No. - For State Registrar Only

8628

Registered No. 41

(For use of Local Registrar)

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

(2) Full Name of Child William Eugene Blasingame (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 Feb 23 1932
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Max Blasingame(9) PRESENT POSTOFFICE OF FATHER Waguer S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Earley S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Ella Rodman(15) PRESENT POSTOFFICE OF MOTHER Waguer S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Earley S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) Signature of Physician or Midwife McLerric Scott(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Waguer S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed McLerric Scott (28) R. C. McLean 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.

WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.