

(1) PLACE OF BIRTH

County of Bureau
 Township of Hunter
 OF
 Inc. Town of Clinton SC
 OF
 City of Clinton SC

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4382

Registration District No. 29BRegistered No. 8
(For use of Local Registrar)

(No. 17 Academy St.; 5 Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child

Matha Lou Blakey

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

(3) BOY OR GIRL girl(4) Twin or Triplet ✓

To be answered only in event of Twin or Triplet

(5) Number in order of birth 1(6) Are Parents Married? ✓

(7) DATE OF

BIRTH Feb 8 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry M. Blakey(9) PRESENT POSTOFFICE OF FATHER Clinton SC(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 37
(Year)(12) BIRTHPLACE Bureau County SC(13) OCCUPATION work in Tracy & Harbison Str(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Lucie B. Simpson(15) PRESENT POSTOFFICE OF MOTHER Clinton SC(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 37
(Year)(18) BIRTHPLACE Bureau County SC(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 N.,
 on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) J. W. Davis(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Clinton SC

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Feb 8 1923

(28)

J. W. Bailey
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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REMAIN REMEMBERED FOR BENDING.
 WRITE PLAINLY. WITH SPACING. THIS IS A PERMANENT RECORD.
 IN CASE OF TWIN OR TRIPLET, USE A SEPARATE MEANS FOR EACH CHILD, AND MARK THE FIRST-BORN NO. 1 THE OTHER NO. 2, ETC. IN QUESTION 3.