

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90729

Registration District No. 3005Registered No. 142

(For use of Local Registrar)

(2) Full Name of Child Hermia Blyther

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 21 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Blyther(9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mosha Cook(15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ellen S. Brown(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Camden S.C.

Given name added from a supplemental report

(26) Witness Rose Ann Corbitt (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 22 1916 (28) S. J. Corbitt Local Registrar

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

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

A. 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.

W. of Columbia.