

Form No. 1

(1) PLACE OF BIRTH

County of Aiken
 Township of Cedar Springs
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
19588

Registration District No. 103 Registered No. 15
 (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 Jessie Blanchet

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

(3) SEX OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 29, 1923
 (To be answered only in event of Twin or Triplet) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jesse H. Blanchet
 (9) PRESENT POSTOFFICE OF FATHER Aik S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
 (12) BIRTHPLACE S.C.

MOTHER.

(13) NAME BEFORE MARRIAGE Lamine Perry
 (14) PRESENT POSTOFFICE OF MOTHER Aik S.C.
 (15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 24
 (17) BIRTHPLACE Aik S.C.
 (18) OCCUPATION Housewife
 (19) Number of children born to mother, including present birth 1
 (20) Number of children of this mother now living, including present birth 1

(15) OCCUPATION Farming

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(22) (Signature) L. H. Harris

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Sister

Aiken S.C.

Given name added from a supplemental report

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

(26) Filed Aug 1, 1923 (27) L. H. Harris 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.

WRITE 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 Census, Columbia, S. C.