

(1) PLACE OF BIRTH

County of Adrian
 Township of High
 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
19648

Registration District No. 204

Registered No. 61
 (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 Blaise Satcher

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

(3) SEX OR GENDER Y (4) Type of Triplet (5) Number in order of birth (6) Are Parents Married Y (7) DATE OF BIRTH Jul 19 1923
 (Specify of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leo Satcher

(9) PRESENT POSTOFFICE OF FATHER Granville S C

(10) COLOR OR RACE M (11) AGE AT LAST BIRTHDAY 43
 (Year)

(12) BIRTHPLACE S C

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1 6

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Kame

(15) PRESENT POSTOFFICE OF MOTHER Granville S C

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
 (Year)

(18) BIRTHPLACE S C

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 1 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive at 5 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) S A Marshall

(23) State whether Physician or Midwife Physician

(24) Address of Physician or Midwife Granville 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 8 23 MR. Turner (R. J. H. S.)
 Registrar 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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