

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
71044

(1) PLACE OF BIRTH
County of Columbia
Township of McCormick
or Inc. Town of Cochran Falls
or (No. St.; Ward)
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Grace Blanchette { 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 Aug. 11, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME J. A. Blanchette
(9) PRESENT POSTOFFICE OF FATHER Cochran Falls S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Gela
(13) OCCUPATION Cotton Mill Operator
(14) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Lizzie Simmons
(15) PRESENT POSTOFFICE OF MOTHER Cochran Falls S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE Georgia
(19) OCCUPATION House Wife
(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 8 A. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) J. A. Blanchette
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cochran Falls S.C.

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug. 11, 1916 (28) H. O. France 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.
..... fifth month of pregnancy.

MARGIN RESERVED FOR BINDING
NO. 2. WHEN PLAINLY WITH UNREADING INK—THIS IS A PERMANENT RECORD
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark in FIRST-HOLD, No. 1, THE OTHER, No. 2, etc., in question 5.