

## (1) PLACE OF BIRTH

County of SaludaTownship of St.

Inc. Town of .....

City 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 HealthRegistration District No. 15.0.2

File No.—For State Registrar Only

15713

Registered No. 28  
(For use of Local Registrar)(2) Full Name of Child Lillie Ruth Blaser

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

(3) SEX— GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Age Parents Married	(7) DATE OF BIRTH
		<u>6</u>	<u>7</u>	<u>Mar 31, 23</u>
		To be answered only in case of Twin or Triplet		
		(Name of Month) (Day) (Year)		

FATHER  
(8) FULL NAME Fletcher S. Blaser(9) PRESENT  
POSTOFFICE  
OF FATHER Saluda R.F.D. #4(10) COLOR  
OR  
RACE White (11) AGE AT LAST  
BIRTHDAY 30  
(Year)(12) BIRTHPLACE Edgefield County(13) OCCUPATION Farming(20) Number of children born to  
mother, including present birth 6MOTHER  
(14) NAME BEFORE  
MARRIAGE Birdie Blaser(15) PRESENT  
POSTOFFICE  
OF MOTHER Saluda R.F.D. #4(16) COLOR  
OR  
RACE White (17) AGE AT LAST  
BIRTHDAY 29  
(Year)(18) BIRTHPLACE Edgefield County(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 . . . . . at . . . . . P. M.,  
on the date above stated. (Born alive or stillborn) (Household or P. M.)(23) (Signature) J. N. Waters

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Saluda, S.C.(If name added from a supplement-  
tal report)(26) Witness . . . . .  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed June 19 23 (28) J. C. Colburn  
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.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.

WHEN PRINTING, WITH EXCEPTING THE—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.

Sec. 10 of Columbia, Columbia, S. C.

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