CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
90617 '17

(1) PLACE OF BIRTH

County of Laurens
Township of Hunters
or
Inc. Town of .....
or
City of .....

Registration District No. 2202 Registered No. .....
(For use of Local Registrar)

(No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child Alma B. Bleckley
If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
		5	Yes	Dec 22, 1916

FATHER.

(8) FULL NAME Ben Bleckley
(9) PRESENT POSTOFFICE OF FATHER Clinton
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Laurens Co S. C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lily Shands
(15) PRESENT POSTOFFICE OF MOTHER Clinton
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE Laurens Co Hunters Township
(19) OCCUPATION Farming
(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 alive at 9 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ella Hooden
(24) State whether Physician or Midwife: midwife
(25) Address of Physician or Midwife: Clinton S.C.

Given name added from a supplemental report
..... 19 .....
Registrar

(26) Witness Ben X Bleckley
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 26 16 (28) D. W. Bailey
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.

No. 20.—Form of certificate, birth, as adopted by the Bureau of Vital Statistics, State Board of Health, and required to be used by all registrars in registering births occurring in South Carolina, on and after January 1, 1915. Size, 8½ x 11 inches. Printed on white ledger paper, 16 pounds to the ream. Ruled in blue. Headings in black. Furnished by the Bureau of Vital Statistics, State Board of Health, Columbia, S. C. Address all communications relative to this subject to the Bureau of Vital Statistics, State Board of Health, Columbia, S. C. Requisitions for blanks should be addressed to the Bureau of Vital Statistics, State Board of Health, Columbia, S. C. Blanks will be furnished free of charge in reasonable quantities. Duplicate certificates will be recorded. Certificates should be typewritten, but may be written with pen and ink. Use BLANK FOR EACH CHILD, and mark the first certificate No. 1, the second No. 2, etc., in question 5.