

(1) PLACE OF BIRTH

County of Porter
 Township of Beach
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 22543

Registration District No. 40-6 Registered No. 99
 (For use of Local Registrar)

City of (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 William Duquesne Blalock If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH July 26 1923
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Oscar Blalock
 (9) PRESENT POSTOFFICE OF FATHER Inman, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
 (12) BIRTHPLACE Sptg Co. S.C.
 (13) OCCUPATION Farmer

MOTHER
 (14) NAME BEFORE MARRIAGE Ellie Bonham
 (15) PRESENT POSTOFFICE OF MOTHER Inman, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 12
 (21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M.
 on the date above stated. (Born alive or stillborn) (Hour As Born P. M.)

(23) (Signature) W. A. Chapman
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Inman, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by midwife)

(27) Filed Aug 1 1923 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.