

(1) PLACE OF BIRTH

County of CharlestonTownship of CharlestonInc. Town of Awendaw S.C.

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17920

Registration District No. 901Registered No. 64
(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 Mary Blom

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? —(5) Number in order of birth 1
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH June 1st, 1933
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ben Blom(9) PRESENT POSTOFFICE OF FATHER Awendaw S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE Charleston(13) OCCUPATION Manager of Hardware(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Henrietta Jackson(15) PRESENT POSTOFFICE OF MOTHER Awendaw S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Awendaw S.C.(19) OCCUPATION House Work(20) Number of children of this mother now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:30 a.m. on the date above stated. (Born alive or stillborn Hour, M. or P. M.)(23) (Signature) Florence Nettles(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Awendaw S.C.

Given name added from a supplemental report

(25) Witness Ben Blom

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

(27) Filed June 2nd, 1933(28) F. Kinsey 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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IN THE CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THIS OFFICE, No. 2, etc., in question 5.

OF COLUMBIA, COLUMBIA & C.

MCCAY