

Form No. 1

## (1) PLACE OF BIRTH

County of BeaufortTownship of St. Stephens

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of HealthRegistration District No. 705 Registered No. 55

File No.—For State Registrar Only

16862

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charles Bland If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>B</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 18, 23</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME George Bland(9) PRESENT POSTOFFICE OF FATHER Pineville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Year)(12) BIRTHPLACE Pineville(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Jane Bland(15) PRESENT POSTOFFICE OF MOTHER Pineville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Year)(18) BIRTHPLACE Pineville(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Survived or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Martha Keasler

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

W. H. Keasler

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 24, 28 (28) W. H. Keasler 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.