

(1) PLACE OF BIRTH

County of Lancaster
 Township of Flat Creek
 or
 Inc. Town of
 or
 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 Health

No. 10.—For State Registrar Only

41248

Registration District No. Registered No. 134
 (For use of Local Registrar)

(2) Full Name of Child

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

(1) BOY OR GIRL Girl (2) Twin or Triple No (3) Number in order of birth (4) Are Parents Married Yes (5) DATE OF BIRTH Dec 11 1928
 (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME J. Hunter Blackmon
 (7) PRESENT POSTOFFICE OF FATHER Heath Springs S.C.
 (8) COLOR OR RACE white (9) AGE AT LAST BIRTHDAY 32
 (10) BIRTHPLACE Lancaster Co
 (11) OCCUPATION Farming
 (12) Number of children born to mother, including present birth 6

MOTHER.

(13) NAME BEFORE MARRIAGE Bertha C. Couch
 (14) PRESENT POSTOFFICE OF MOTHER Heath Springs S.C.
 (15) COLOR OR RACE white (16) AGE AT LAST BIRTHDAY 29
 (17) BIRTHPLACE Lancaster Co
 (18) OCCUPATION Housewife
 (19) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was Alive at 11 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) L. V. Bishop
 (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Heath Springs S.C.

Given name added from a supplement-
 al report

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

(25) Filed (26) (27) 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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