

(1) PLACE OF BIRTH

County of *Cherokee*Township of *Morgan*

Inc. Town of

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

Registration District No. *10049*

File No.—For State Registrar Only

27635

Registered No. *16*
(For use of Local Registrar)

(2) Full Name of Child

Laurence Francis Blake

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes(7) DATE OF BIRTH *Sept. 13, 23*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clear Blake

(9) PRESENT POSTOFFICE OF FATHER

Waynesville, N.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

45
(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

13

MOTHER.

(14) NAME BEFORE MARRIAGE

Sannie Smith

(15) PRESENT POSTOFFICE OF MOTHER

Waynesville, N.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

49
(Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

11

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)

H. T. Scott

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Waynesville, N.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

Oct. 11, 23

(28)

Sallie Bryan

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.