

(1) PLACE OF BIRTH

County of *Spartanburg*
 Township of *Spartanburg*
 or
 Inc. Town of
 or
 City of *Spartanburg*
 (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

File No.—For State Registrar Only

32143

Registration District No. *40-A*Registered No. *436*
(For use of Local Registrar)(No. *Reynolds St* St.; Ward)(2) Full Name of Child *Joseph Herbert Blanton*

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH *Sept 21* 19*22*
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME

Henry Blanton

(9) PRESENT POSTOFFICE OF FATHER

*Reynolds St
Spartanburg S.C.*

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY *49*
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

12

MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie Cannon

(15) PRESENT POSTOFFICE OF MOTHER

*Reynolds St
Spartanburg S.C.*

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY *42*
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at *2 P* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. H. Chapman

(24) State whether Physician or Midwife

Phys.

(25) Address of Physician or Midwife

Reynolds St

Given name added from a supplemental report

(26) Witness

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

(27) Filed *10-1-22*19*22*

(28)

Jas Cooper
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.

*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.

IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

REGISTRY OF CHARITIES, COLUMBIA, S. C.