

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN V. No. 1. THE OTHER, No. 2, etc., in question 5.
 N. J. McCaw, of Columbia
 Registrar

(1) PLACE OF BIRTH

County of Lancaster
 Township of Blassey
 or
 Inc. Town of

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

File No.—For State Registrar Only
43017

Registration District No. 2208 Registered No.
 (For use of Local Registrar)

(2) Full Name of Child Francis Blayton } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Dec. 28 1921
(to be answered only in case of twins or triplets) (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Eliza Campbell
 (15) PRESENT POSTOFFICE OF MOTHER Campbell, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY (Years) 22
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7:20 P on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. G. Morrison
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Blay Campbells

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed for mark) T. G. Phlips
 (27) Filed 191..... (28) 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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