

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 H. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Cherokee</u>		STATE OF SOUTH CAROLINA		20333	
Township of <u>Cherokee</u>		Bureau of Vital Statistics			
Inc. Town of <u>Blacksburg</u>		State Board of Health			
City of <u>S.C. R.F.D. #1</u>		Registration District No. <u>1000A</u>		Registered No. <u>68</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Mattie Ruth Blanton</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>April 10, 1923</u>	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Matterson L. Blanton</u>			(14) NAME BEFORE MARRIAGE <u>Mamie Byrnes</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Blacksburg SC R.F.D. #1</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Blacksburg SC R.F.D. #1</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>39</u>	(16) COLOR OR RACE <u>white</u>			
(Year)		(17) AGE AT LAST BIRTHDAY <u>36</u>			
(12) BIRTHPLACE <u>Cleveland Co., N.C.</u>		(18) BIRTHPLACE <u>Cherokee Co., S.C.</u>			
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>house wife</u>			
(20) Number of children born to mother, including present birth <u>Nine</u>			(21) Number of children of this mother now living, including present birth <u>Seven</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>S. P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. P. Rydlatte</u>		(24) State whether Physician or Midwife			
(25) Address of Physician or Midwife <u>Physician</u>		(26) Address of Physician or Midwife <u>Earl N.C.</u>			
Given name added from a supplemental report		(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
.....		(28) Filed <u>Jan 10, 1923</u> (29) <u>Local Registrar</u>			
*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.					