

(1) PLACE OF BIRTH

County of MarlboroTownship of Red Neckor
Inc. Town of BlauheimCity of Blauheim

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

39443Registered No. 1
(For use of Local Registrar)

St.; Ward)

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

(2) Full Name of Child

Not named(3) BOY OR GIRL Boy
(4) Twin or Triplet? No
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 Nov-11- 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME G.B. Ayers(9) PRESENT
POSTOFFICE
OF FATHER Blauheim S.C.(10) COLOR
OR
RACE White (11) AGE AT LAST
BIRTHDAY 39
(Years)(12) BIRTHPLACE
Dillon County(13) OCCUPATION
Farmer(14) Number of children born to
mother, including present birth 1 6

MOTHER.

(14) NAME BEFORE
MARRIAGE Sadie Emanuel(15) PRESENT
POSTOFFICE
OF MOTHER Blauheim S.C.(16) COLOR
OR
RACE White (17) AGE AT LAST
BIRTHDAY 28
(Years)(18) BIRTHPLACE
Brownsville S.C.(19) OCCUPATION
House wife(20) Number of children of this mother
now living, including present birth 1 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:00 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. May (24) Address of Physician or Midwife
Blauheim S.C.Given name added from a supplement
report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Dec 17 19 22 (28) 1. H. T. Evans
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.