

Form No. 3

MARGIN RESERVED FOR BINDING

WRITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, SECOND-BORN, etc., in question 1.

MAYNARD & COMPANY, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Charleston
 or
 Town of Lowndesville
 or
 Inc. Town of Lowndes S.C.
 or
 City of

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

File No.—For State Registrar Only

740

Registration District No. 1106Registered No. 4
(For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Wendell Emanuel Blount (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 25 1922</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Walter Blount</u>			(14) NAME BEFORE MARRIAGE <u>William Allen</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lowndes S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lowndes S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>York County</u>			(18) BIRTHPLACE <u>York County</u>	
(13) OCCUPATION <u>Mill Worker</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mrs. M. A. Loney
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Lowndes S.C.

Given name added from a supplemental report

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

(27) Filed 25 1922 (28) J. G. Hallis
 Registrar 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.

REMARKS

*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.

Local Registrar