

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Walton
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar
33490

Registration District No. 3677 Registered No. 67
 (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 Malenne F. Blake 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 Twin or Triplet (5) Are Parents Married Yes (6) DATE OF BIRTH Sept 29, 28
 (Month) (Day) (Year)

FATHER.
 (8) FULL NAME Thomas W. Blake
 (9) PRESENT POSTOFFICE OF FATHER Noway, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Margie Brunson
 (15) PRESENT POSTOFFICE OF MOTHER Noway, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House wife
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was Alive at 10 a.m.
 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Dr. L. H. L. L.
 (24) State whether Physician or Midwife (25) Address of Physician Cope, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
 (27) Filed Oct 12, 1923 (28) J. A. Price 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.