

(1) PLACE OF BIRTH

County of Strom
 Township of Hayes
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4252

Registration District No. 2508Registered No. 23
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hubert W. Blanton (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 29, 1923</u> (Name of Month) (Day) (Year)
(8) FULL NAME OF FATHER <u>Vol J Blanton</u>			(9) MOTHER <u>Della M. General</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>H. Hayes, S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Nichols, S.C.</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>37</u> (Years)	
(16) BIRTHPLACE <u>Horry Co. S.C.</u>			(17) BIRTHPLACE <u>Horry Co. S.C.</u>	
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

James Sainey
May 22, 1923

(26) Witness

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

(27) Filed

Feb 12, 1923

(28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., shall 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.