

## (1) PLACE OF BIRTH

County of OconeeTownship of SenecaInc. Town of BlensowCity of Blensow

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only  
**27358**Registration District No. 2504Registered No. ....  
(For use of Local Registrar)

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

2) Full Name of Child... James Houston } If child is not yet named, make supplemental report as directed

3) BOY OR

(4) Twin or Triplet? Single (5) Number in order of birth 6  
Is it assumed only in case of twins or triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH 6 15 1922  
(Name of Month) (Day) (Year)

## FATHER.

FULL NAME

J. H. Houston

PRESENT POSTOFFICE

Blensow Ga

COLOR OR RACE

Black(11) AGE AT LAST BIRTHDAY 72  
(Years)

BIRTHPLACE

SC

OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Molly West

(15) PRESENT POSTOFFICE OF MOTHER

Blensow College

(16) COLOR OR RACE

Black(17) AGE AT LAST BIRTHDAY 30  
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Wife & Mother

(21) Number of children of this mother now living, including present birth

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

23) 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. of P. M.)(23) (Signature) PhyllisPhyllisW. M. Walker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

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(28)

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.

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