

WRITE PLAINLY, WITH UNFADING INK.—WHEN IN A SUPPLEMENTAL REPORT, use a SUPPLEMENTAL REPORT FOR EACH CHILD, and mark the N. B.—In case of TWINS or TRIPLETS use a SUPPLEMENTAL REPORT, No. 2, etc., in question 6.  
FERT-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.  
Register of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Clare  
Township of Center  
OR  
Inc. Town of.....  
OR  
City of.....

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**39534**

Registration District No. 9500 Registered No. 153  
(For use of Local Registrar)

(2) Full Name of Child James Junior Blasing (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 11 25 22  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James R. Blasing  
(9) PRESENT POSTOFFICE OF FATHER Westminster  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 51  
(Years)  
(12) BIRTHPLACE G. C.  
(13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Naomi Cecil McCubby  
(15) PRESENT POSTOFFICE OF MOTHER Westminster  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 47  
(Years)  
(18) BIRTHPLACE G. C.  
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 12 (21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) W. C. Wray (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fair Play

Given name added from a supplemental report

James P. Blasing 11/23/45  
19  
Registrar

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

(27) Filed Dec 8 1945 (28) A. P. Wray 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.