

(1) PLACE OF BIRTH

County of YorkTownship of Harbottleor
Inc. Town ofor
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

3574

Registration District No. 1502Registrar No. 8
(For use of Local Registrar)(2) Full Name of Child Cher. Chyrum Pedigree Blebely

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be entered only in case of Twin or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Feb. 6, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jim Blebely

(9) PRESENT POSTOFFICE OF FATHER

Harbottle SC

(10) COLOR OR RACE

B

(11) AGE AT LAST BIRTHDAY

52

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

13

MOTHER.

(14) NAME BEFORE MARRIAGE

Wise Ray

(15) PRESENT POSTOFFICE OF MOTHER

Harbottle SC

(16) COLOR OR RACE

B

(17) AGE AT LAST BIRTHDAY

43

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) Signature

William L. Murphy

(23) State whether Physician or Midwife

Physician

(24) Address of Physician or Midwife

Harbottle SC.

(25) Name added from a supplemental report

(26) Witness

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

(27) File

Book 12 3

(28)

29 21 9

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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