(1) PLACE OF BIRTH

County of Chesterfield

Township of Pageland

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
23977

Registration District No. 1206 Registered No. ....
(For use of Local Registrar)

(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 Flossie Blakeney (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD: Girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug. 7, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ed Blakeney

(9) PRESENT POSTOFFICE OF FATHER Jefferson R F 1

(10) COLOR OR RACE C. (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farm

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Victoria Adams

(15) PRESENT POSTOFFICE OF MOTHER Jefferson R F 1

(16) COLOR OR RACE C. (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John D Wolfson M.D.

(24) State whether Physician or Midwife M.D.

(25) Address of Physician or Midwife Pageland S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Aug 10 1923. (28) [illegible] 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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