

(1) PLACE OF BIRTH

County of *Charleston*Township of *Pageland*

Inc. Town of

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

Registration District No. *1706*Registered No.
(For use of Local Registrar)

734

(2) Full Name of Child *Richard Blaney*

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

(3) SEX OR
GENDER *Boy*(4) AGE
AT BIRTH *2 1/2*(5) RACE
OF CHILD *White*(6) DATE OF
BIRTH *July 26, 1923*(7) TIME OF
BIRTH *10:30 A.M.*(8) FULL
NAME *Miss Blaney*(9) RESIDENT
OF FATHER *Pageland S.C.*(10) COLOR
OF FATHER *White*(11) AGE AT LAST
BIRTHDAY *28*(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(14) Number of children born to
mother, including present birth *105*(14) FULL NAME
MOTHER *Stella Hammer*(15) RESIDENT
OF MOTHER *Pageland S.C.*(16) COLOR
OF MOTHER *White*(17) AGE AT LAST
BIRTHDAY *26*(18) BIRTHPLACE *S.C.*(19) OCCUPATION *House duties*(20) Number of children of this mother
now living, including present birth *14*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child who was *born alive* on the date above stated. (Born alive or stillborn) (Date A. M. or P. M.)(22) (Signature) *Hector H. Hester*(23) Date whether Physician or Midwife *July 26, 1923*(24) Address of Physician or Midwife *Pageland S.C.*Given name added from a supplement-
tal report

(25) Witness

(Signature of Witness necessary only
when question 25 is signed)(26) Filed *1/2*

(27) 1923

(28) *1923*

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