

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of

Township of

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

41509

Registration District No. 1412

Registered No. 169  
(For use of Local Registrar)

(2) Full Name of Child

Samuel Frederick Blount

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Pinkney Blount

(9) PRESENT POSTOFFICE OF FATHER

Goffney, S.C. #7

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

41

(12) BIRTHPLACE

Spafordburg, Co.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Lee Smith

(15) PRESENT POSTOFFICE OF MOTHER

Goffney, S.C. #7

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31

(18) BIRTHPLACE

Spafordburg, Co.

(19) OCCUPATION

Domestic

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

14

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

14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was

alive at 9:40 P.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan. 6, 1922

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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