

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  
SEX OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Cherokee  
Township of Smith  
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  
Department of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

41505

Registration District No. 1-5-3 Registered No. 138  
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?  (4) Twin or Triplet?  To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 1 19 22  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Larry Brian Blanton  
(9) PRESENT POSTOFFICE OF FATHER Goffy se. PD 7  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22  
(Years)  
(12) BIRTHPLACE Cherokee Co. S.C.  
(13) OCCUPATION Farmer

(14) NAME BEFORE MARRIAGE Olivia Forrest  
(15) PRESENT POSTOFFICE OF MOTHER Goffy se PD 7  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19  
(Years)  
(18) BIRTHPLACE Madison Co. N.C.  
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother new living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9:11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Goffy se

Given name added from a supplemental report  
.....  
..... 19 .....

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec 1 19 22 (28) H.P. Rutledge 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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