

(1) PLACE OF BIRTH

County of Aiken
 Township of Wesley
 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

36992

Registration District No. 215Registered No. 87
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Michael Blaine

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

(3) SON OR GIRL SON (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 30, 1912
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Madame Blain
 (9) PRESENT POSTOFFICE OF FATHER Williston
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)
 (12) BIRTHPLACE Barnwell Co
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Marie Prescott
 (15) PRESENT POSTOFFICE OF MOTHER Williston
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
 (18) BIRTHPLACE Aiken Co
 (19) OCCUPATION Housework
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Philip Clark
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Williston

Given name added from a supplemental report

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

(27) Filed Dec 3, 1912 (28) O. L. Wicks 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.