

Form No. 1

(1) PLACE OF BIRTH

County of Saluda

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.)

(2) Full Name of Child John Ray Bladen

No. 33700 For State Registrar Only

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

Registration District No. 3905 Registered No. 79  
(For use of Local Registrar)

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Sex Male (7) DATE OF BIRTH Oct 20 1923  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME don't know  
(9) PRESENT POSTOFFICE OF FATHER Saluda  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY ..... (Year)  
(12) BIRTHPLACE .....

MOTHER.  
(14) NAME BEFORE MARRIAGE Barrie Bladen  
(16) PRESENT POSTOFFICE OF MOTHER Saluda  
(18) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)  
(19) BIRTHPLACE DC  
(20) OCCUPATION House Wife

(21) Number of children born to mother, including present birth 2 (22) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (24) State whether Physician or Midwife Physician

(25) (Signature) Lonny Coleman (26) Address of Physician or Midwife Saluda

Given name added from a supplemental report

(27) Witness Nov 9 1923 (28) Local Registrar P. B. French

\*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.