

(1) PLACE OF BIRTH

County of Laurens

Township of

or Inc. Town of Monticello

or City of

(No.)

(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. 1503

File No. — For State Registrar Only

3550Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Margaret Blaton

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

(A) BOY OR GIRL Y

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH 10 24 23

(Name of Month) (Day) (Year)

(8) FULL NAME FATHER Laurens Blaton(9) PRESENT POSTOFFICE OF FATHER Monticello(10) COLOR OR RACE B(11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Crookham Co(13) OCCUPATION Laurens Blaton(20) Number of children born to mother, including present birth 1(14) NAME BEFORE MARRIAGE Ma Blaton(15) PRESENT POSTOFFICE OF MOTHER Monticello(16) COLOR OR RACE B(17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Laurens Co(19) OCCUPATION Housewife(21) Number of children of this mother now 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 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John D. Brown

(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 Nov 10 23(28) John D. Brown

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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