

## 1) PLACE OF BIRTH

County of Polk  
 Township of Gretna  
 or  
 Precinct of Gretna  
 or  
 City of Gretna

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

File No.—For State Registrar Only  
**42990**

Registration District No. 2506 Registered No. 121  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Leahy Mays Blum If child is not yet named, make supplemental report as directed

3) SEX OF CHILD Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 3, 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 1) FULL NAME M. C. Blum  
 2) PRESENT POSTOFFICE OF FATHER Fair Bluff N.C.  
 3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39  
 (Years)  
 4) BIRTHPLACE Polk Co. N.C.  
 5) OCCUPATION Farmer  
 6) Number of children born to mother, including present birth 7

**MOTHER.**  
 14) NAME BEFORE MARRIAGE Jane. Watts  
 15) PRESENT POSTOFFICE OF MOTHER Fair Bluff N.C.  
 16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35  
 (Years)  
 18) BIRTHPLACE Polk Co. N.C.  
 19) OCCUPATION Housewife  
 21) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

22) I hereby certify that I attended the birth of this child, who was alive at 2 A.M.,  
 on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie McQueen  
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Polk Co. N.C.

Given name added from a supplemental report

(26) Witness Roy B. Pappin  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 9, 1922 (28) C. B. Pappin 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.