

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
FIRST-BORN, No. 1. THE OTHER, No. 2, etc.; in question 5.

(1) PLACE OF BIRTH

County of Townsend

Township of Blythe

Inc. Town of Blythe

City of Blythe

(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

File No.—For State Registrar Only

91564

Registration District No. 3800

Registered No. 169
(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 Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 30 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James M. Blythe

(9) PRESENT POSTOFFICE OF FATHER Blythe

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Mississippi

(13) OCCUPATION Miner

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE William M. Blythe

(15) PRESENT POSTOFFICE OF MOTHER Blythe

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Mississippi

(19) OCCUPATION Housekeeper

(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 at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James M. Blythe

(24) State whether Physician or Midwife Physician Address of Physician or Midwife Blythe

Given name added from a supplemental report

(25) Witness John Blythe Signature of Witness necessary only when question 23 is signed by mark

(27) Filled Dec 30 1916 (28) W. A. McLean 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.