

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

City of

(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

2891529754

Registration District No.

Registered No.

(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?

(5) Number in order of birth

9

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept. 2, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jule Blunt

(9) PRESENT POSTOFFICE OF FATHER

Lodge S6

(10) COLOR OR RACE

Wm

(11) AGE AT LAST BIRTHDAY

3.4 (Years)

(12) BIRTHPLACE

S6

(13) OCCUPATION

Farming

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Redell Folk

(15) PRESENT POSTOFFICE OF MOTHER

Lodge S6

(16) COLOR OR RACE

Wm

(17) AGE AT LAST BIRTHDAY

3.4 (Years)

(18) BIRTHPLACE

S6

(19) OCCUPATION

Housework

(21) Number of children of this mother now living, including present birth

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

Born Alive at 4 A.M.

(Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

Mary Folk

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Eckhardt S6

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept. 29, 1922

(28) Local Registrar

H. D. Kinnard

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.