

(1) PLACE OF BIRTH

County of Anderson
 Township of Brushy Creek
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. for State Registrar Only
37136

Registration District No. 302

Registered No. 1112
 (For use of Local Registrar)

City of (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 Hella Blasingame If child is not yet named, make supplemental report as directed

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

FATHER.

(8) FULL NAME Lee Blasingame
 (9) PRESENT POSTOFFICE OF FATHER Greenville #7
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Pickens Co SC
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE
 (15) PRESENT POSTOFFICE OF MOTHER Greenville SC #7
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Pickens Co SC
 (19) OCCUPATION House Keeping
 (20) Number of children born to mother, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 6:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Mrs. Clara H. H. H.
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife at 6:00 A.M.

Given name added from supplemental report:

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

(27) Date Nov 13, 1922 (28) J. R. H. H. 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 sixth month of pregnancy.