

## (1) PLACE OF BIRTH

County of Marion

Township of .....

or  
Inc. Town of .....or  
(City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 32AFile No. - for State Registrar Only  
455Registered No. 14  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Funkie Bladger

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

(1) BOY OR GIRL <u>Boy</u>	(2) Type of Birth <u>To be answered only in case of Twins or Triplets</u>	(3) Number in order of birth <u>54</u>	(4) Are Parents Married <u>Yes</u>	(5) DATE OF BIRTH <u>Feb. 9, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(1) FULL NAME Russel Bladger(2) PRESENT POSTOFFICE OF FATHER Marion(3) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE Marion S.(13) OCCUPATION Teacher(14) Number of children born to mother, including present child 14

## MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Russell Bladger(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE Marion S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present child 14

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive 7:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Felix W. ...(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report

(25) Witness R. Anna Chapel(26) Signature of Witness necessary only when question 23 is signed by mother M. P. ...(27) Local Registrar ...

When there was no attending physician, householder, etc., should make this return. If a child breathed even once, the report is desired of stillbirths.