

(1) PLACE OF BIRTH

County of *Cherokee*

Township of

or
Inc. Town ofor
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

10417

Registration District No. *102* Registered No. *92*
(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
Female(4) Twin or Triplet?
1(5) Number in order of birth
14(6) Are Parents Married?
Yes

(7) DATE OF

BIRTH *9th* *2* *2*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
Nathan Blawston(9) PRESENT POSTOFFICE OF FATHER
Gaffney SC(10) COLOR OR RACE
White(11) AGE AT LAST BIRTHDAY
40
(Years)(12) BIRTHPLACE
Cherokee Co. SC(13) OCCUPATION
Farming(20) Number of children born to mother, including present birth
14

MOTHER.

(14) NAME BEFORE MARRIAGE
Sally Phillips(15) PRESENT POSTOFFICE OF MOTHER
Gaffney SC(16) COLOR OR RACE
White(17) AGE AT LAST BIRTHDAY
36
(Years)(18) BIRTHPLACE
Cherokee Co. SC(19) OCCUPATION
Housewife(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 *11:00* A.M. on the date above stated.
(Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) *J. B. King M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Gaffney SC

Given name added from a supplemental report

(26) Witness

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

19.....
Registrar(27) Filed *5710**1022*(28) *W. F. Smith*

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.

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