

(1) PLACE OF BIRTH

County of Cherokee
 Township of Cherokee
 or
 Inc. Town of S.C.
 or
 City of

CERTIFICATE OF BIRTH

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

17284

Registration District No. 206Registered No. 55
(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 Julius Otis Blaney

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

(3) SEX OF CHILD Boy (4) Type of Birth Full Term (5) Number in order of birth 1st (6) DATE OF BIRTH 6/13/22

(7) FATHER'S NAME Julius Blaney
 (8) FATHER'S RESIDENCE Pageford S.C.
 (9) COLOR OR RACE W (10) AGE AT LAST BIRTHDAY 36 (Years)

(11) BIRTHPLACE S.C.(12) OCCUPATION Farm(13) Number of children born to mother, including present birth 7

(14) MOTHER'S NAME Anna Thompson
 (15) MOTHER'S RESIDENCE Pageford S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.)

(22) (Signature) L. H. Jones
 (23) State whether Physician or Midwife Physician (24) Address of Physician Pageford S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Signed 6/16/22 (27) 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.