

PLACE OF BIRTH

County of _____
 Township of _____
 or
 Inc. Town of _____
 or
 City of Chickamauga

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

FILE No.—For State Registrar Only

389178-

Registration District No. 4a

Registered No. 12
 (For use of Local Registrar)

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

Full Name of Child Harry Ruthland Blake

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

BOY OR
GIRL

187

4. Twin or
Triplet?

5. Number in order
of birth

6. Are
Parents
Married? Yr

7. DATE OF BIRTH

Sept 23

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL
NAME

Harry Blake

9. PRESENT
POSTOFFICE
OF FATHER

135 Smith

10. COLOR
OR
RACE

Col

11. AGE AT LAST
BIRTHDAY

19
(Years)

12. BIRTHPLACE

Chickamauga

13. OCCUPATION

Long Labor

20. Number of children born to
mother, including present birth

1

MOTHER

14. NAME BEFORE
MARRIAGE

Hannity Smith

15. PRESENT
POSTOFFICE
OF MOTHER

135 Smith

16. COLOR
OR
RACE

Col

17. AGE AT LAST
BIRTHDAY

17
(Years)

18. BIRTHPLACE

Chickamauga

19. OCCUPATION

At home

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was born alive
 on the date above stated.

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

23. Signature

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Midwife

Physician

Given name added from a supplemental report

26. Witness

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

27. Filed

Mar. 31 1930

28. Annals P. Reginald

Local Registrar

19
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.

FIFTH MONTH OF PREGNANCY.