

Form No. 1

(1) PLACE OF BIRTH

County of Cherokee

Township of Morgan

or
Inc. Town of

or
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

88929

Registration District No. 1004

Registered No. 6617

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Herbert P. Blanton

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth 7

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) Nov 16 1915

FATHER.

(8) FULL NAME John P. Blanton

(9) PRESENT POSTOFFICE OF FATHER Gaffney, S.C. #3

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Laura H. Harton

(15) PRESENT POSTOFFICE OF MOTHER Gaffney, S.C. #3

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Samuel M. Couper

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician | Couper S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 6 1916 (28) J. Gardner 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.

WRITTEN PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD.
M.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McGraw, of Columbia.