

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or

Inc. Town of .....

or

City of Columbia

(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

2303

Registration District No. 289 Registered No. 5  
(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

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Jan 30 1922  
(Month of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Walter Nesbit Blank

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26 (Years)

(12) BIRTHPLACE

Cluster Co

(13) OCCUPATION

Laundry man

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

two

## MOTHER.

(14) NAME BEFORE MARRIAGE

Claudia Harper

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24 (Years)

(18) BIRTHPLACE

Marlow Co

(19) OCCUPATION

House wife

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

two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:45 AM. 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

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 30 1922

(28)

W. A. Harper  
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.

TWIN OR TRIPLET, use SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

MADE IN COLUMBIA, S. C.