

MARGIN RESERVED FOR BINDING.  
 WHEN PLACED WITH A SPACING LINE, THIS IS A PERMANENT RECORD FOR EACH CHILD AND MARK THE  
 PRINTED LINE, No. 1. THIS OFFICE, No. 2, etc., in question 5.  
 No. 3. Name of child of twins or triplets use a separate blank for each child and mark the  
 MARGIN RESERVED FOR BINDING.

(1) PLACE OF BIRTH

County of Berkeley  
 Township of St. Stephen  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only  
**3271**

Registration District No. 205 Registered No. 14.....  
 (For use of Local Registrar)  
 (No. St.; Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Mattie Blaudin

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

1 BOY OR GIRL <u>G</u>	4 Twin or Triplet? <u>No</u>	5 Number in order of birth <u>38</u>	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>Feb. 10, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>Benjamin Blaudin</u>			14 NAME BEFORE MARRIAGE <u>Minnie Maria Troner</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Pineville</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Pineville</u>	
10 COLOR OR RACE <u>Negro</u>	11 AGE AT LAST BIRTHDAY <u>38</u> (Years)		16 COLOR OR RACE <u>Negro</u>	17 AGE AT LAST BIRTHDAY <u>36</u> (Years)
12 BIRTHPLACE <u>Pineville</u>			18 BIRTHPLACE <u>Pineville</u>	
13 OCCUPATION <u>Farming</u>			19 OCCUPATION <u>Farming</u>	
20 Number of children born to mother, including present birth <u>18</u>			21 Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Leah Rogers  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Wichard Pineville S.C.

Given name added from a supplemental report  
 .....  
 19.....  
 Registrar

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Feb. 13, 1922 (28) M. A. Ford  
 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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