

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. N. N.—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-Hill, Columbia, S. C.

County of Sevier  
Township of #2  
or  
Inc. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

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

File No.—For State Registrar Only  
34500

Registration District No. 441 Registered No. 51  
(For use of Local Registrar)

City of ..... (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 James E. Blake If child is not yet named, make supplemental report as directed

(3) <del>BOY OR GAVE</del>	(4) Twin or Triplet? <i>1</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Oct 7 22</i> (Name of Month) (Day) (Year)
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**FATHER**

(8) FULL NAME Mission Blake

(7) PRESENT POSTOFFICE OF FATHER *Andrew S. C. R.*

(10) COLOR OR RACE	741	(11) AGE AT LAST BIRTHDAY	32
			(Years)

(12) BIRTHPLACE  
74 00' - L - C - SC

(13) OCCUPATION *Self*

(20) Number of children born to 2

mother, including present birth

**CERTIFICATE OF ATTENDIN**

# MOTHER

(14) NAME BEFORE MARRIAGE Alice Berakirk

(15) PRESENT POSTOFFICE OF MOTHER Andrews S.C.R.2.

(16) COLOR OR RACE WN (17) AGE AT LAST BIRTHDAY 22  
(YOUNG)

(18) DISTRICT PLACE  
 Georgetown Co. S.C.

(10) OCCUPATION

(21) Number of children of this mother 1

**PHYSICIAN OR MIDWIFE:**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 4.0 M.  
on the date above stated. 7 (Born alive or stillborn) (Hour A. M. or P. M.)

(23)	(Signature)	<u>Mary Ward</u>
(24)	State whether Physician or Midwife	(25) Address of Physician or Midwife

Midwife Georgetown, S.C.

Given name added from a supplemental report

100

..... 19 .....

**Registrar**  
\*When there was no attending physician  
If a child breathes even once, it is

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

(27) Filed Oct 10 1922 (28) A. J. Tillon  
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.