

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of Ball's Bluff Creek
 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

9519

Registration District No. 4403 Registered No. 11
 (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

Blair

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH March 19, 22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Coley Blair
 (9) PRESENT POSTOFFICE OF FATHER Sharon SC PH 1
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45
 (Years)
 (12) BIRTHPLACE York Co SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 14

MOTHER

(14) NAME BEFORE MARRIAGE Mathie Lee Love
 (15) PRESENT POSTOFFICE OF MOTHER Sharon SC PH 1
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 38
 (Years)
 (18) BIRTHPLACE York Co SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1126 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles O. Burruss Jr.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sharon SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed April 4, 1922

(28)

W. A. Barthwell
 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. 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.