

## (1) PLACE OF BIRTH

County of Richland

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4996

Township of .....

or  
Inc. Town of .....City of Columbia S.C.Registration District No. 384Registered No. 23

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sara Katherine Blessinger child is not yet named, make supplemental report as directed

(3) <del>MALE</del> GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 1, 1923</u> (Name of Month) (Day) (Year)
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## FATHER

(8) FULL NAME Maxey Blessinger(9) PRESENT POSTOFFICE OF FATHER 1120 Elmwood av.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29  
(Years)(12) BIRTHPLACE Columbia S.C.(13) OCCUPATION Car Inspector(14) Number of children born to mother, including present birth 4

## MOTHER

(14) NAME BEFORE MARRIAGE Frankie White(15) PRESENT POSTOFFICE OF MOTHER 1120 Elmwood av.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE Danville Va.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:45 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carroll E. Owens

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

M.D. 1305 Laurel St.

Given name added from a supplemental report

12-23-47

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 23 (28) G. J. Doan  
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.