

(1) PLACE OF BIRTH

County of *Marion*Township of *Shawboro*Inc. Town of *Marion*

City of

(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

No. *44704*Registration District No. Registered No. *3205*
(For use of Local Registrar)(2) Full Name of Child *Blodine Mayes* If child is not yet named, make supplemental report as directed

(3) SEX Girl <i>girl</i>	(4) Twin or Triplet <i>To be entered only in case of Twin or Triplet</i>	(5) Rank in order of birth	(6) Age in months <i>7 1/2</i>	(7) DATE OF BIRTH <i>Oct 5 1923</i> (Month of Birth) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <i>Cleveland Jacob Mayes</i>	(10) NAME BEFORE MARRIAGE <i>Mayes Mullins</i>	(10) PRESENT POSTOFFICE OF FATHER <i>Mullins</i>	(10) PRESENT POSTOFFICE OF MOTHER <i>Mullins</i>
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>32</i>	(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>23</i>
(12) BIRTHPLACE <i>Mullins S.C.</i>	(12) BIRTHPLACE <i>Marion Co</i>	(12) BIRTHPLACE <i>Marion Co</i>	(12) BIRTHPLACE <i>Marion Co</i>
(13) OCCUPATION <i>farmer</i>	(13) OCCUPATION <i>House wife</i>	(13) OCCUPATION <i>House wife</i>	(13) OCCUPATION <i>House wife</i>
(14) Number of children born to mother, including present birth <i>1 1/2</i>	(14) Number of children of this mother now living, including present birth <i>1 1/2</i>	(14) Number of children of this mother now living, including present birth <i>1 1/2</i>	(14) Number of children of this mother now living, including present birth <i>1 1/2</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Blodine* on the date above stated.(23) (Signature) *Blodine* (24) State whether *Marion Co* (25) Address of the physician or midwife *Marion Co*

Given name added from a supplemental report <i>Dr. Howard Smith</i>	(26) Witness <i>H. B. Smith</i>	(27) Registrar <i>H. B. Smith</i>
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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.

MARGIN RESERVED FOR READING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 4.