

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE PLAINS. 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 3.

(1) PLACE OF BIRTH  
County of *Spartanburg*  
Township of *Shiloh*  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St. .... Ward .....)  
(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

File No.—For State Registrar Only  
**44817**

2) Full Name of Child. *Shadon Rivers Lee 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 *12 8 1916*  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME *J. R. Lee Blair*  
(9) PRESENT POSTOFFICE OF FATHER *Matt's Bridge SC*  
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *39* (Years)  
(12) BIRTHPLACE *Sumter Co. SC*  
(13) OCCUPATION *Farming*  
(14) Number of children born to mother, including present birth *3*

MOTHER.  
(15) NAME BEFORE MARRIAGE *Annie Dickson*  
(16) PRESENT POSTOFFICE OF MOTHER *Matt's Bridge SC*  
(17) COLOR OR RACE *White* (18) AGE AT LAST BIRTHDAY *25* (Years)  
(19) BIRTHPLACE *Sumter Co. SC*  
(20) OCCUPATION *Housework*  
(21) Number of children of this mother now living, including present birth *2*

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

(22) I hereby certify that I attended the birth of this child, who was *alive* at *4* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Martha Wilson*  
(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Matt's Bridge SC*

Given name added from a supplemental report

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

(27) Filed *12-15* 191*5* (28) *S. B. McQueen* 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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W. E. N. E.

McCaw