

(1) PLACE OF BIRTH

County of BeaufortTownship of Hilton Head

Inc. Town of.....

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

Registration District No. 492 Registered No. 765
(For use of Local Registrar)(2) Full Name of Child Oliver A. Blizor If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth 0 (7) DATE OF BIRTH Nov 20 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Blizor(9) PRESENT POSTOFFICE OF FATHER Hilton Head S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49
(Year)(12) BIRTHPLACE Hilton Head S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Eleven

MOTHER.

(14) NAME BEFORE MARRIAGE Clara Blizor(15) PRESENT POSTOFFICE OF MOTHER Hilton Head S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 49
(Year)(18) BIRTHPLACE Hilton Head S.C.(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth Nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was.....at.....M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Pinckney Sawyer(23) State whether Physician or Midwife M. D. (24) Address of Physician or Midwife Hilton Head S.C.

Given name added from a supplemental report

(25) Witness.....
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed 11/27/23 at Beaufort (27) 2023

When there was no attending physician or midwife, then the father, householder, etc., must sign. If a child breathes even once, it must not be reported as stillborn. No report is due before the sixth month of pregnancy.