

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

City of Charleston

(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 # - 17-200-10034096Registration District No. 9A Registration No. 17-200-100

(For use of Local Authorities)

2) Full Name of Child Lilly Elizabeth Blaine

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

(1) <u>MALE</u> GIRL?	(4) <u>Two</u> or <u>Three</u> to be covered only in case of twins or triplets	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 16</u> (Month of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Isaac Blaine</u>			(14) NAME BEFORE MARRIAGE <u>Alice Mores</u>	
(9) PRESENT RESIDENCE OF FATHER <u>21 Chestnut St. Charleston SC</u>			(15) PRESENT RESIDENCE OF MOTHER <u>21 Chestnut St. Charleston SC</u>	
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Col</u>	
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)	
(12) BIRTHPLACE <u>Charleston SC</u>			(18) BIRTHPLACE <u>Sumter SC</u>	
(13) OCCUPATION <u>Lab</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(23) (Signature) Edw. J. Mendenhall M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston SCGiven name added from a supplement  
tal report(26) Witness J. Mendenhall  
(Signature of Witness necessary only  
when question 25 is signed by mother)(27) Filed 11/28/23 (28) J. Mendenhall

\*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.