

(1) PLACE OF BIRTH

County of Anderson

Township of

OF

Inc. Town of

OF

City of Dalhousie

(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. 43620
 Registered No. 1
 (For use of Local Registrar)

Registration District No. 3-CRegistered No. 1
(For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL Girl

4) Twin or Triplet

5) Number in order of birth

6) Age at birth

7) DATE OF BIRTH

Oct 26 1944
 (Month) (Day) (Year)

FATHER

8) FULL NAME

Alvin Wood Blount

9) PRESENT POST OFFICE OF FATHER

Williamston

10) COLOR OR RACE

W

11) AGE AT LAST BIRTHDAY

21
(Years)

12) BIRTHPLACE

Williamston

13) OCCUPATION

Teacher

14) Number of children born to mother, including present birth

2

MOTHER

14) NAME BEFORE MARRIAGE

Lena Ruth Blount

15) PRESENT POST OFFICE OF MOTHER

Williamston

16) COLOR OR RACE

W

17) AGE AT LAST BIRTHDAY

18
(Years)

18) BIRTHPLACE

Williamston

19) OCCUPATION

Stenographer

20) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was

born alive or stillborn (Born alive or stillborn) (Hour A. M. or P. M.)
11:20

on the date above stated.

(22) (Signature)

Frank L. Kuhn

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Williamston

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed 3-7- 1944(27) William Russell

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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