

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

39245

Registration District No. 3102

Registered No. 120
(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Blanford Burnside

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

9

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Nov 17, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

R. F. Burnside

(9) PRESENT POSTOFFICE OF FATHER

Pelion

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36
(Years)

(12) BIRTHPLACE

Aiken Co., S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Vera Pierce

(15) PRESENT POSTOFFICE OF MOTHER

Pelion S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

35-
(Years)

(18) BIRTHPLACE

Covington, Ala.

(19) OCCUPATION

House wife

(20) Number of children born to mother, including present birth

8

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

D. L. Kuehn M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

711 D.

Pelion S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Dec 7, 22

(28)

J. D. Traylor
Local Registrar19
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.