

(1) PLACE OF BIRTH

County of Washington
 Township of Columbia

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

996

Inc. Town of Registration District No. 13.05 Registered No.
 (For use of Local Registrar)

City of (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 Willie Blowers 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 - (6) Are Parent Married? yes (7) DATE OF BIRTH Jan 1 22
 (To be answered only in case of Twin or Triplet) (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Jeffrey Blowers

(9) PRESENT POSTOFFICE OF FATHER Washington R.

(10) COLOR OR RACE Ce. (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to father, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Elizabeth White

(15) PRESENT POSTOFFICE OF MOTHER Washington R.

(16) COLOR OR RACE Ce. (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION At home

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Thangai Franklin

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Washington R.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 2 22 (28) E. O. Carey 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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