

Form No. 1

(1) PLACE OF BIRTH

County of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Rock Mills

File No.—For State Registrar Only

71318

Inc. Town of Registration District No. 312 Registered No. 31
(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 Willis Matthew Blanchard If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 5 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Charley Allen Blanchard(9) PRESENT POSTOFFICE OF FATHER Anderson, S.C. #5(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Abbeville Co. S.C.(13) OCCUPATION Farm-hand(14) Number of children born to mother, including present birth Eight

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Gambrell(15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C. #5(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE Anderson Co. S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 1 o'clock A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Addaure Crawford

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Star, S.C. R. F. #

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 8, 1916 (28) J. H. Wright
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.

WHILE IN USE, WITH READING INK—THIS IS A PERMANENT FORM. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND ANSWER THE FIRST-BORN, No. 1, THE OTHER, No. 2, ETC., IN QUESTION 5.

AGENCY OF COLUMBIA