

(1) PLACE OF BIRTH

County of ChesterTownship of Farmville

OF

Inc. Town of

OF

(City of

(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 No.—for State Registrar Only

17155

Registration District No. 1106Registered No. 63
(For use of Local Registrar)

(2) Full Name of Child

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

(2) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>March 18, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME <u>James Roy Blanks</u>	(14) NAME BEFORE MARRIAGE <u>Elizabeth Hopper</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Landis S. S.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Landis S. S.</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>19</u>	(17) AGE AT LAST BIRTHDAY <u>11</u>
(12) BIRTHPLACE <u>York County</u>	(18) BIRTHPLACE <u>Chester County</u>
(13) OCCUPATION <u>mill work</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature)

(24) Name whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(19) Registrar

(27) Filed

6/29/23

(28)

Landis S. S. 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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