

## (1) PLACE OF BIRTH

County of *Charleston*Township of *Lanney Swamp*or  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

881

Registration District No. *1315*Registered No. *7*  
(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 *Martha Blanding*

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

(3) BOY OR GIRL *girl*(4) Twin *Yes*  
or Triplet

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth

(6) Age

Period

Married *Yes*

(7) DATE OF

BIRTH *Jan 26 1922*  
(Specify Month) (Day) (Year)

## FATHER

(8) FULL  
NAME *Eugene Blanding*(9) PRESENT  
POSTOFFICE  
OF FATHER *Silow*(10) COLOR  
OR  
RACE *P*(11) AGE AT LAST  
BIRTHDAY *31*  
(Years)(12) BIRTHPLACE *Charleston*(13) OCCUPATION *Farmer*(20) Number of children born to  
mother, including present birth*Three*

## MOTHER

(14) NAME BEFORE  
MARRIAGE *Kenneth Blanding*(15) PRESENT  
POSTOFFICE  
OF MOTHER *Silow, S.C.*(16) COLOR  
OR  
RACE *P*(17) AGE AT LAST  
BIRTHDAY *37*  
(Years)(18) BIRTHPLACE *Charleston*(19) OCCUPATION *Housewife*(21) Number of children of this mother  
now living, including present birth*Three*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive* (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) *Willie Hinton*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Silow, S.C.*Given name added from a supplement-  
al report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Place *Silow*19 *22* (M)

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.