

(1) PLACE OF BIRTH

County of Blandon
Township of Car. Cal.
OR
Inc. Town of

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

File No. - For State Registrar Only
41750

Registration District No. 1302 Registered No. 119
(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 Mary Blain (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 Parents Married? Yes 7) DATE OF BIRTH Dec 15 1922
(Name of Month) (Day) (Year)

FATHER.
8) FULL NAME Tom Blain
9) PRESENT POSTOFFICE OF FATHER Summerton SC
10) COLOR OR RACE Cal 11) AGE AT LAST BIRTHDAY 23
(Years)
12) BIRTHPLACE Blandon Co.
13) OCCUPATION Form Raker
20) Number of children born to mother, including present birth 2

MOTHER.
14) NAME BEFORE MARRIAGE Estline Blain
15) PRESENT POSTOFFICE OF MOTHER Summerton SC
16) COLOR OR RACE Cal 17) AGE AT LAST BIRTHDAY 22
(Years)
18) BIRTHPLACE Blandon Co.
19) OCCUPATION Housekeeper
21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Olivia Rutter
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
.....
..... 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by hand)
(27) Filed Jan 4 1922 (28) J. E. Richbourg 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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