

## (1) PLACE OF BIRTH

County of BlandonTownship of Can. Cal.or  
Inc. Town of .....or  
City 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. 1302Registered No. 119  
(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

Waverleau

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 15 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Tom Blau</u>			(14) NAME BEFORE MARRIAGE <u>Edeline Blau</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Summerton SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Summerton SC</u>	
(10) COLOR OR RACE <u>Cal</u>			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(16) BIRTHPLACE <u>Blandon Co</u>	
(12) BIRTHPLACE <u>Blandon Co</u>			(18) OCCUPATION <u>Housekeeper</u>	
(13) OCCUPATION <u>Form Baker</u>			(19) OCCUPATION <u>Housekeeper</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

## 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 Butler  
(24) State whether Physician or Midwife 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 hand)

(27) Filed Jan 4 22 (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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