

RESERVED FOR RETURNING.  
WRITE PLAINLY. WITH UNFAMING INITIALS IS A PERMANENT RECORD.  
IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1 THE OTHER, No. 2, etc., in question 1.  
Bureau of Census, Columbia, S. C.

(1) PLACE OF BIRTH  
County of .....  
Township of .....  
or  
Inc. Town of .....  
or  
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

Registration District No. 109 Registered No. 19  
(For use of Local Registrar)

(2) Full Name of Child Frederick Lee Blanton  
If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD <u>Boy</u>	(4) Type or Report <u>Is reported on a card of Fetus &amp; Birth</u>	(5) Number in order of birth <u>7</u>	(6) Age at Birth <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 19, 1923</u> (Specify Month) (Day) (Year)
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(8) FULL NAME <u>William Blanton</u>	(9) PRESENT ADDRESS OF FATHER <u>Gaffney S.C.</u>	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(12) BIRTHPLACE <u>Cherokee Co S.C.</u>	(13) OCCUPATION <u>Farming</u>
(14) NAME BEFORE MARRIAGE <u>Alice Spencer</u>	(15) PRESENT ADDRESS OF MOTHER <u>Gaffney S.C.</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(18) BIRTHPLACE <u>Cherokee Co S.C.</u>	(19) OCCUPATION <u>Housewife</u>

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) J. B. Dughey M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Gaffney S.C.

Given name added from a supplemental report

(26) Witness  
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Signed Feb. 19, 1923 J. F. Smith  
Registrar 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.