

(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

File No.—For State Registrar Only

19946

Registration District No.

Registered No.

(For use of Local Registrar)

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Efrend Blank

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

one

(5) Number in order of birth

one

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 5, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Efrend Blank

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.P.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

9.4

(Years)

(12) BIRTHPLACE

Gadsden S.P.

(13) OCCUPATION

Labor

## MOTHER.

(14) NAME BEFORE MARRIAGE

Kate Williams

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.P.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

2.2

(Years)

(18) BIRTHPLACE

Gadsden S.P.

(19) OCCUPATION

Cook

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

one

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

one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was

born at 2.15- a

(Born alive or stillborn)

(Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

Mary L. Johnston

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

1229 Henderson St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

6-15-1922

(28)

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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McGraw-Hill  
 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 5.