

(1) PLACE OF BIRTH

County of Georgetown  
Township of Georgetown  
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  
**19598**

Registration District No. 3504 Registered No. 93  
(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 Emile Francois Bluder If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Girl</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>6/4</u> 19 <u>59</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>G. W. Bluder</u>			14) NAME BEFORE MARRIAGE <u>Charles Martin</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Newry SC</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Newry SC</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	16) COLOR OR RACE <u>White</u> 17) AGE AT LAST BIRTHDAY <u>31</u> (Years)		
12) BIRTHPLACE <u>Georgetown</u>			18) BIRTHPLACE <u>SC</u>	
13) OCCUPATION <u>Miss Agn</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>15</u>			21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:15 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. M. Mares  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Newry SC

Given name added from a supplemental report

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

(27) Filed 7/10/59 19 59 (28) W. M. Mares 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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