

## (1) PLACE OF BIRTH

County of Anderson

## CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

38403

Township of .....

City of .....

City of Anderson

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

Registration District No. 13 ARegistered No. 444  
(For use of Local Registrar)

## (2) Full Name of Child

Blair

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

3) BOY OR GIRL Boy(4) Type of Twin ✓  
To be reported only in case of Twins or Triplets(5) Number in order of birth ✓(6) Age 1 yr.

(7) DATE OF BIRTH

Dec. 20, 1941  
(Name of Month) (Day) (Year)

## FATHER.

4) FULL NAME Samuel Presley Blair5) PRESENT POST OFFICE OF FATHER Anderson S.C. Lynam Station10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 27  
(Year)12) BIRTHPLACE Anderson Co. S.C.13) OCCUPATION Mill Employee20) Number of children born to mother, including present birth TTT

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Pauline Rye(15) PRESENT POST OFFICE OF MOTHER Anderson S.C. Lynam Station(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 24  
(Year)(18) BIRTHPLACE Anderson Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth TTT

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Agar Pruitt(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

F. B. CRAYTON,(27) Filed 19 (28) ANDERSON S.C.

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.

a supplementary report (Date of) Aug. 20, 1941Address Route 1, Anderson S.C.Filed AUG. 20, 1941

Registrar