

THIS 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.

(1) PLACE OF BIRTH

County of Georgetown
Township of #3
Inc. Town of
City of

CERTIFICATE OF BIRTH

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

No. for State Register only
32260

Registration District No. 2102 Registered No. 49
(For use of Local Registrar)

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

(2) Full Name of Child Eugenia Blakeley

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

(3) SEX OF CHILD girl (4) Type or Taper - (5) Number in order of birth - (6) Age of mother at birth 21 (7) DATE OF BIRTH Feb 3 (8) (Month of Month) (Day) (Year)

FATHER.

(9) FULL NAME Samuel Blakeley
(10) PRESENT RESIDENCE OF FATHER Georgetown S.C.
(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 46 (Year)
(13) BIRTHPLACE Georgetown Co.
(14) OCCUPATION Laborer & Farmer
(15) Number of children born to mother, including present birth 5

MOTHER.

(16) NAME BEFORE MARRIAGE Callie Lambert
(17) PRESENT RESIDENCE OF MOTHER Georgetown S.C.
(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 25 (Year)
(20) BIRTHPLACE Georgetown Co.
(21) OCCUPATION Housewife
(22) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was born alive at 5:00 P. M., on the date above stated. (24) (Signature) J. B. Bell (25) State whether Physician or Midwife Physician (26) Location of Place or Midwife Georgetown S.C.

Given name added from a supplemental report

(27) Signature of Witness (28) Date of Birth Feb 2 at 2:30 am. Mrs. R. T. King Local Registrar. (29) No report is desired of stillbirths