

(1) PLACE OF BIRTH

County of Selington Co.
 Township of Cayle St.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

43504

Inc. Town of Registration District No. 3105 Registered No. 156
 (For use of Local Registrar)
 or
 City of (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 Blanchell Earl If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 28, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Earl

(9) PRESENT POSTOFFICE OF FATHER Cayle St.

(10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Selington Co.

(13) OCCUPATION public work

(14) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Blakely

(15) PRESENT POSTOFFICE OF MOTHER Cayle St.

(16) COLOR OR RACE Color (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Selington Co.

(19) OCCUPATION house wife

(20) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 5 a M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Rosa J. Kelley (24) State whether Physician or Midwife (25) Address of Physician or Midwife

new Brook Land St.

Given name added from a supplemental report

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Registrar

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

(27) Filed 22 (28) J. C. Lybrand 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.

fifth month of pregnancy.

before the fifth month of pregnancy.