

FORM NO. 1

(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

50364

Registration District No. 3904

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

Is he possessed only in respect of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 9 1906

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Colt Lebert Blane

(9) PRESENT POSTOFFICE OF FATHER

Chappell SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24

(Years)

(12) BIRTHPLACE

Spartanburg Co SC

(13) OCCUPATION

Merchandising

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie R. Myers

(15) PRESENT POSTOFFICE OF MOTHER

Chappell SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

Spartanburg Co SC

(19) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

A. H. Beakins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. D.

Spartanburg SC

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

191

(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 required of a stillborn child before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McCaw, of Columbia.