

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 206

File No.—For State Registrar Only

24493

Registered No. 13  
(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

Infant

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Aug 9 22  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

C. B. Blizzard

(9) PRESENT POSTOFFICE OF FATHER

Berry SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

26

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

12

## MOTHER

(14) NAME BEFORE MARRIAGE

Fanny Rich

(15) PRESENT POSTOFFICE OF MOTHER

Berry SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

21

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House Wife

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

M. W. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mayer SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Aug 9 22

(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 desired of stillbirths before the fifth month of pregnancy.