

(1) PLACE OF BIRTH

County of CharlestonTownship of North

Ins. Town of

or

City of

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

Registration District No. 2012Registered No. 80
(For use of Local Registrar)(2) Full Name of Child Eliza McBlam

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 24, 23
(Name of Month) (Day) (Year)

(8) FULL NAME

Vance McBlam

(9) PRESENT POSTOFFICE OF FATHER

Lake City, SC #(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 50
(Years)

(12) BIRTHPLACE

So. Car

(13) OCCUPATION

Farming

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

13

(14) NAME BEFORE MARRIAGE

Eliza DuRant

(15) PRESENT POSTOFFICE OF MOTHER

Lake City, SC #(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 38
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

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

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M.
on the date above stated. (Born Alive or Stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Cain(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Blanton, SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10/5/23(28) A. J. Kelly(29) A. J. Kelly 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.

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