

(1) PLACE OF BIRTH **DEMONEVILLE, S. C.**

County of **Bladen**

Township of **Bladen**

Sec. Town of **Bladen**

City of **Bladen**

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Division of Vital Statistics

State Board of Health

Registration District No. **015**

No. **348** For State Registry Only

Registered No. **18**
(For use of Local Registrar)

Ward

(2) Full Name of Child **Doris Pagon**

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

1. Sex **Female**
2. Date of Birth **May 19 1923**
3. Time of Birth **11:00 AM**
4. Place of Birth **Bladen**
5. Name of Mother **Bladen**
6. Name of Father **Bladen**
7. Name of Grandfather **Bladen**
8. Name of Grandmother **Bladen**
9. Name of Uncle **Bladen**
10. Name of Aunt **Bladen**
11. Name of Sister **Bladen**
12. Name of Brother **Bladen**
13. Name of Cousin **Bladen**
14. Name of Nephew **Bladen**
15. Name of Niece **Bladen**
16. Name of Other Relative **Bladen**
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100. Name of Other Relative **Bladen**

FATHER

MOTHER

DEMONSVILLE

AGE AT LAST BIRTHDAY

AGE AT LAST BIRTHDAY

AGE AT LAST BIRTHDAY

AGE AT LAST BIRTHDAY

AGE AT LAST BIRTHDAY

AGE AT LAST BIRTHDAY

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AGE AT LAST BIRTHDAY

10. NAME BEFORE MARRIAGE

11. NAME OF MOTHER

12. NAME OF FATHER

13. NAME OF GRANDFATHER

14. NAME OF GRANDMOTHER

15. NAME OF UNCLE

16. NAME OF AUNT

17. NAME OF SISTER

18. NAME OF BROTHER

19. NAME OF COUSIN

20. NAME OF NEPHEW

21. NAME OF NIECE

22. NAME OF OTHER RELATIVE

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