

## (1) PLACE OF BIRTH

County of *Spartanburg*

Township of .....

or  
Inc. Town of *Woodruff*

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

32156

Registration District No. *40-B* Registered No. *76*

(For use of Local Registrar)

(2) Full Name of Child *Jonas Jesse Blasenships* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *Boy*(4) Twin or Triplet? *X*(5) Number in order of birth *X*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *9 1 72*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *John Blasenships*(9) PRESENT POSTOFFICE OF FATHER *Va*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *19*  
(Years)(12) BIRTHPLACE *Tenn*(13) OCCUPATION *Mill work*(14) Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Annie Fuller*(15) PRESENT POSTOFFICE OF MOTHER *Woodruff sc*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *17*  
(Years)(18) BIRTHPLACE *SC*(19) OCCUPATION *Mill work*(20) 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 *1 P* M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *B. J. W. ...*(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
*Thy Woodruff 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 *Oct 10 1972* (28) *Chas. L. Boyter*  
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.

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