

1) PLACE OF BIRTH

County of BlaineTownship of BlaineInc. Town of BlaineCity of Blaine

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

85634

Registration District No. 2012 Registered No. 34
(For use of Local Registrar)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 Henry, Cary, Mabel If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 24 (8) (Name of Month) (Day) (Year)

FATHER

(9) FULL NAME H. Pink Mabel(10) PRESENT POSTOFFICE OF FATHER Blaine S C(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 38 (Years)(13) BIRTHPLACE Blaine W.(14) OCCUPATION Police(15) Number of children born to mother, including present birth 8

MOTHER

(16) NAME BEFORE MARRIAGE Susan P. McElm(17) PRESENT POSTOFFICE OF MOTHER Blaine S C(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 36 (Years)(20) BIRTHPLACE Blaine(21) OCCUPATION House Keeper(22) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(24) (Signature) H. P. Mabel(25) Address of Physician or Midwife Blaine S C

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 24 is signed by mark)

(27) Date 11/25(28) (Signature) H. P. Mabel

(29)

(30) (Signature) H. P. Mabel

When there was no attending physician or midwife, the mother, householder, etc., should make this return. If a child breathes even once, it must not be stillborn.

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