

FORM NO. 1.

(1) PLACE OF BIRTH

County of Lee

Township of Lucky Creek

or  
Inc. Town of

or  
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

90755

Registration District No. 3003 Registered No. 77

(For use of Local Registrar)

(2) Full Name of Child Wylless Grant Blyther

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

(3) <del>SEX OF CHILD?</del> <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 10</u> 191 <u>4</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.  
(8) FULL NAME Walter Blyther

(9) PRESENT POSTOFFICE OF FATHER Unknown

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Lee Co

(13) OCCUPATION Farmer

20) Number of children born to mother, including present birth 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Rebecca McDuffie

(15) PRESENT POSTOFFICE OF MOTHER Unknown

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Lee Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca McDuffie

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lee Co

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 Dec 10 1914 (28) Geo. M. Hall 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.

FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5. McCraw, of Columbia