

(1) PLACE OF BIRTH

County of CheslerfieldTownship of Cole Hillor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

41640

Registration District No. 1202 Registered No. 73

(For use of Local Registrar)

(No. 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

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>—</u> To be answered only in event of Twins or Triplets	(6) Are Parents Married? <u>ye</u>	(7) DATE OF BIRTH <u>Dec 21 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Fredrick B. Bloom(9) PRESENT POSTOFFICE OF FATHER Fairview SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 18

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Fubell(15) PRESENT POSTOFFICE OF MOTHER Fairview SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eva M. Farlow(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fairview SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 23 1923 (28) J. B. Davis 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.

W. B.—In case of TWINS, this form is to be filled out for EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED AT COLUMBIA, S. C.