FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
21722

(1) PLACE OF BIRTH

County of [illegible]

Township of .....

or

Inc. Town of .....

or

City of [illegible]

Registration District No. 1 A Registered No. 66 (For use of Local Reistrar)

(No. 54 Mill Hill St.; 3rd Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Beatrice Blandrett

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	X	X	4-1	July, 2nd, 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	[illegible]	(14) NAME BEFORE MARRIAGE	Mae Simpson
(9) PRESENT POSTOFFICE OF FATHER	[illegible]	(15) PRESENT POSTOFFICE OF MOTHER	[illegible]
(10) COLOR OR RACE	[illegible]	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	32
(12) BIRTHPLACE	[illegible]	(18) BIRTHPLACE	Anderson Co. S.C.
(13) OCCUPATION	[illegible]	(19) OCCUPATION	[illegible]
Number of children born to mother, including present birth	3	(21) Number of children of this mother now living, including present birth	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was [illegible] at 6.30 A. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife [illegible]

Given name added from a supplemental report

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Registrar

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

(27) Filed [illegible] 191[illegible] (28) [illegible] Local Registrar.

[illegible] was no attending physician or midwife, then the father, householder, etc., should make this return. If [illegible] breathes even once it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RE-PRINTED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
N. B. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST BORN, No. 1, THE OTHER, No. 2, etc., in question 5.