

MARGIN RESERVED 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.

(1) PLACE OF BIRTH
 County of Christenfield
 Township of Christenfield
 OR
 Inc. Town of.....
 OR
 City of..... (No. St.; Ward)
 (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
76336

Registration District No. 1.20.1. Registered No. 84
 (For use of Local Registrar)

(2) Full Name of Child Gertrude Bloomfield (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept-3, 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Rufus Bloomfield</u>	(14) NAME BEFORE MARRIAGE <u>Blanch Marshall</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Cheraw S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cheraw S.C.</u>			
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Christenfield Co</u>	(18) BIRTHPLACE <u>Christenfield Co</u>			
(13) OCCUPATION <u>Farm laborer</u>	(19) OCCUPATION <u>Farm laborer</u>			
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10.2 M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Threatt
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cheraw S.C.

Given name added from a supplemental report

 19.....
 Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mother)
 (27) Filed Sept-4-16 1916 (28) D. B. Ingram 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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.