

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of

Township of

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.)

(2) Full Name of Child

File No.—For State Registrar Only

75407

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 200 Registered No. 28  
(For use of Local Registrar)

(3) BOY OR GIRL? Boy	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Aug. 23, 1916 (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME	Dane Blocker
(9) PRESENT POSTOFFICE OF FATHER	Aiken, S. C.
(10) COLOR OR RACE	Colored
(11) AGE AT LAST BIRTHDAY	65 (Years)
(12) BIRTHPLACE	Edgefield Co.,
(13) OCCUPATION	Farming
(20) Number of children born to father, including present birth	20

## MOTHER.

(14) NAME BEFORE MARRIAGE	Siggie Hunt
(15) PRESENT POSTOFFICE OF MOTHER	Aiken, S. C.
(16) COLOR OR RACE	Colored
(17) AGE AT LAST BIRTHDAY	30 (Years)
(18) BIRTHPLACE	Edgefield Co.
(19) OCCUPATION	House Wife
(21) Number of children of this mother now living, including present birth	3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Dane Blocker (Father)

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

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

(27) Filed Aug. 28, 1916 (28) Local Registrar

Given name added from a supplemental report

191

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.