

MACHINE REPRODUCED FROM ORIGINAL

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 Spartanburg  
 Township of Spartanburg  
 or  
 Inc. Town of .....  
 or  
 City of Spartanburg (No. 194 Bonaire 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 CLARA RUTH BLACKWELL } If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only  
**50383**

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 21 1916  
(For use of Local Registrar)  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Louis Blackwell  
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)  
 (12) BIRTHPLACE Spartanburg Co. S.C.  
 (13) OCCUPATION Cafe Proprietor  
 (20) Number of children born to mother, including present birth 5

**MOTHER.**

(14) NAME BEFORE MARRIAGE Donnie Swan  
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE Buncombe Co N.C.  
 (19) OCCUPATION Housewife  
 (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 ..... M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. H. Chapman  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Whitney S.C.

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 Mar 1 1916 (28) Jas. Cooper 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.

Registrar \_\_\_\_\_ LOCAL REGISTRAR

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N. B. McCaw, of Columbia.