

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 6.

(1) PLACE OF BIRTH
 County of Saluda
 Township of No. 6
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
2427

Registration District No. 29.05 Registered No. 9
 (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 Sandra Blocker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>June 16 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Leah Blocker

(15) PRESENT POSTOFFICE OF MOTHER Lysom S C

(16) COLOR OR RACE color (17) AGE AT LAST BIRTHDAY (Years) 22

(18) BIRTHPLACE Green Wood co

(19) OCCUPATION Home Keeping

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. H. Phillips

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
and wife Epworth

Given name added from a supplemental report

..... 19.....
 Registrar

(26) Witnesses (Signature of Witness necessary only when question 23 is signed in main)

(27) Filed Feb. 12 1922 (28) S. W. Hearn
 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.