

(1) PLACE OF BIRTH

County of BeaufortTownship of LawsonInc. Town of NewbyCity of Newby

(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

69723

Registration District No. 3001 Registered No. 81

(For use of Local Registrar)

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

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 25 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME J. L. Blalock(9) PRESENT POSTOFFICE OF FATHER Newby SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE SC(13) OCCUPATION rice agr(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE May Cade(15) PRESENT POSTOFFICE OF MOTHER Newby SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE SC(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 3 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. C. Martin

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

Physician Newby SC

Given name added from a supplemental report

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

(27) Filed July 30 1916 (28) J. E. Hopkins 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.

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