

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. McCaw, of Columbia.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

72806

County of Florence

Township of

or Town of Summerville

or City of

Registration District No. 2015 Registered No. 711

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Aug. 1, 1916 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James W Blackman

(14) NAME BEFORE MARRIAGE Mattie Langston

(9) PRESENT POSTOFFICE OF FATHER Summerville

(15) PRESENT POSTOFFICE OF MOTHER Summerville

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE So C. Darl, Co

(18) BIRTHPLACE So Co Florence, Co

(13) OCCUPATION Farming

(19) OCCUPATION House work

(20) Number of children born to mother, including present birth 8

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Howard (24) State whether Physician or Midwife Midwife Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Aug 1916 (28) W C M 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.