

## (1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. Town of .....

City of Columbia

(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

8340

Registration District No. 38Registered No. 236

(For use of Local Registrar)

(No. Columbia St.) ..... Ward)(2) Full Name of Child Infant Blockwood (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>B</u>	(4) Twin or Triplet <u>1</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>2/8/23</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) <u>Gordon Deason Blockwood</u>	(14) NAME BEFORE MARRIAGE <u>Sarah Elizabeth Miller</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>3002 Preston</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>2563 Preston</u>
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(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
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(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>
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(13) OCCUPATION <u>Salesman</u>	(19) OCCUPATION <u>Housewife</u>
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(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:30 M., on the date above stated. Born alive or stillborn Hour M. or P. M.)

(23) (Signature) <u>R. J. Deming</u>	(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Apr 10 1923 (28) A. J. Sloan 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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