

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 DarlingtonTownship of Philadelphiaor
Inc. Town ofor
City of

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

(2) Full Name of Child

Sarah Jane Blockman

File No.—For State Registrar Only

92462

Registration District No 1509Registered No. 3
(For use of Local Registrar)(No. 6 St.; Ward)

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? ✓ (5) Number of order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 15 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lie Name Blockman(9) PRESENT POSTOFFICE OF FATHER Dorlington S C(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Dorlington Co(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Sarah Jane Blockman(15) PRESENT POSTOFFICE OF MOTHER Dorlington S C(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Dorlington Co(19) OCCUPATION House-keeper(20) Number of children born to mother, including present birth 2(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 born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. J. Hawk

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Summerville S C

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan. 19 1917 (28) L. A. Jordan 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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