

(1) PLACE OF BIRTH

County of UnionTownship of Unionor Inc. Town of Unionor City of Union

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

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>12 4 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Wade Blocknell(9) PRESENT POSTOFFICE OF FATHER Union(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Hamfield Co(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Parr(15) PRESENT POSTOFFICE OF MOTHER Union(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Union(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. S. Sarratt(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife S. Sarratt

Given name added from a supplemental report

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Registrar

(26) Witness S. Sarratt

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

(27) Filed Dec 17 1916

(28)

(29)

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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