

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield
 Township of
 or
 Inc. Town of No.
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

17534

32

Registration District No. 1901 Registered No.
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Soyd Douglas Blake If child is not yet named, make supplemental report as directed

3. BOY OR GIRL <u>boy</u>	4. Twin or Triplet? To be answered only in event of Twin or Triplet	5. Number in order of birth	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>June 11, 1923</u> (Month of Month) (Day) (Year)
FATHER.		MOTHER.		
8. FULL NAME <u>U. B. Blackmon</u>		14. NAME BEFORE MARRIAGE <u>Nonie Crocker</u>		
9. PRESENT POSTOFFICE OF FATHER <u>White Oak</u>		15. PRESENT POSTOFFICE OF MOTHER <u>White Oak</u>		
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>59</u> (Years)	16. COLOR OR RACE <u>White</u>	17. AGE AT LAST BIRTHDAY <u>29</u> (Years)	
12. BIRTHPLACE <u>S.C.</u>		18. BIRTHPLACE <u>S.C.</u>		
13. OCCUPATION <u>Farmer</u>		19. OCCUPATION <u>Housewife</u>		
20. Number of children born to mother, including present birth <u>5</u>		21. Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Female at 6 P.M.
 on the date above stated. (Born alive or stillborn) (Bear A. M. or P. M.)

(23) (Signature) Polly Crocker

(24) STATE WHETHER Physician or Midwife

(25) Address of Physician or Midwife

White Oak

Given name added from a supplement-
 al report

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

(27) Filed June 9, 1923 (28) W. A. Blackmon
 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.