

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....or  
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

William Astor Blackwood

File No.—For State Registrar Only

50652

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. .... Registered No. 5

(For use of Local Registrar)

St. .... Ward)

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

## (3) BOY OR GIRL

## (4) Twin or Triplet?

## (5) Number in order of birth

## (6) Are Parents Married?

## (7) DATE OF BIRTH

(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet's

## FATHER.

## (8) FULL NAME

## (9) PRESENT POSTOFFICE OF FATHER

## (10) COLOR OR RACE

## (12) BIRTHPLACE

## (13) OCCUPATION

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

## MOTHER.

## (14) NAME BEFORE MARRIAGE

## (15) PRESENT POSTOFFICE OF MOTHER

## (16) COLOR OR RACE

## (18) BIRTHPLACE

## (19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) .....

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb. 15, 1916. (28) C. N. Alexander 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.

Registrar

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LOCAL REGISTRAR.

Wm. McCaw

McCaw

Wm. McCaw, of Columbia

McCaw

N. H.—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 8.

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