

Form No. 1

(1) PLACE OF BIRTH

County of Colleton
Township of Peedee
or
Inc. Town of Walterboro, S.C. (R. 3)
or
City of Walterboro

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

File No.—For State Registrar Only
25598

Registration District No. 1409 Registered No. 178
(For use of Local Registrar)

City of Walterboro No. 1409 St.; 178 Ward)
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

3) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH May 17, 1927
(Name of Month) (Day) (Year)

FATHER.
8) FULL NAME Albert S. Blocker
9) PRESENT POSTOFFICE OF FATHER Walterboro, S.C. (R. 3)
10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)
12) BIRTHPLACE South Carolina
13) OCCUPATION Farmer
20) Number of children born to mother, including present birth 5

MOTHER.
14) NAME BEFORE MARRIAGE _____
15) PRESENT POSTOFFICE OF MOTHER Walterboro, S.C. (R. 3)
16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)
18) BIRTHPLACE South Carolina
19) OCCUPATION Housewife
21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) J. C. von der Meulen M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Walterboro, S.C.

Given name added from a supplemental report
Ed. M. B.
19 40
Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled Sept 10, 1927 (28) Wm. D. M. Blake 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.