

(1) PLACE OF BIRTH

County of SaludaTownship of noneor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only
79073Registration District No. 3905Registered No. 36
(For use of Local Registrar)(2) Full Name of Child John Blocker

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 26, 1914
(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME

John A. Blocker

(9) PRESENT POSTOFFICE OF FATHER

Saluda S.C.R.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

41
(Years)

(12) BIRTHPLACE

Edgefield Co.

(13) OCCUPATION

Farming

(14) NAME BEFORE MARRIAGE

Lucia Abraham

(15) PRESENT POSTOFFICE OF MOTHER

Saluda S.C.R.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

Saluda Co.

(19) OCCUPATION

House wife

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

9

(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 at
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeSaluda S.C.R.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed

Oct 1, 1914

(28)

Mrs. E. Mitchell

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.