

FORM NO. 5

MARKED RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

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

County of .....  
 Township of .....  
 or  
 Inc. Town of ..... Registration District No. 3A  
 or  
 City of ..... (No. ....) Registered No. 337  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

File No.—For State Registrar Only  
80001

(2) Full Name of Child Lillie Mae Blalock If child is not yet named, make supplemental report as directed

(3) <del>BOY OR GIRL?</del>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married?	(7) DATE OF BIRTH <small>(Name of Month) (Day) (Year)</small>
			<u>Yes</u>	<u>June 5 1916</u>
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME	<u>Robert B. Blalock</u>		(14) NAME BEFORE MARRIAGE	<u>Lula Dodson</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Equinox Anderson SC</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>19</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY <small>(Years)</small>	<u>W</u> <u>26</u>	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY <small>(Years)</small>
			<u>W</u> <u>25</u>	
(12) BIRTHPLACE	<u>Roberson Co Ga</u>		(18) BIRTHPLACE	<u>(12)</u>
(13) OCCUPATION	<u>Coal mill Oper</u>		(19) OCCUPATION	<u>Wom.</u>
(20) Number of children born to mother, including present birth	<u>3</u>		(21) Number of children of this mother now living, including present birth	<u>3</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) Wade Hampton Smith

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

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 ..... 191..... (28) W. Blalock 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.