

Form No. 1

(1) PLACE OF BIRTH

County of *Greenwood*
Township of *Phoenicia*

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

77416

Inc. Town of Registration District No. *2311* Registered No. *105*
(For use of Local Registrar)
City of (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 *Beatrice Blocker* } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Sept. 28th 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Clisby Blocker*(9) PRESENT POSTOFFICE OF FATHER *Gaines St.*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *38*
(Years)(12) BIRTHPLACE *Edgefield Co*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth } *8*

MOTHER.

(14) NAME BEFORE MARRIAGE *Della Collins*(15) PRESENT POSTOFFICE OF MOTHER *Gaines St.*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *37*
(Years)(18) BIRTHPLACE *Greenwood Co*(19) OCCUPATION *House wife*(21) Number of children of this mother now living, including present birth } *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *1 P.* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Caroline Holloway Midwife*

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

Given name added from a supplemental report

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

..... Registrar

(26) Witness *Lillie Lake*
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Sept 30 1916* (28) *Joseph Lake*
Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
NOTE—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.