

MARKET ENHANCED FOR BIDDING.

County of Adams

Township of Indefinite

10. DATE OF

Only of

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

(2) Full Name of Child Selma Blichfeldt If child is not yet named, attach supplemental report as directed

(2) SEX OR COLOR <i>girl</i>	(3) TYPE or <i>single</i>	(4) Number in order of birth <i>2</i>	(5) Age Parents Married <i>yes</i>	(6) DATE OF BIRTH <i>Oct 1 1933</i> (Name of Month) (Day) (Year)
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FATHER: Wise Blichington MOTHER: Julia Blichington

(9) PRESENT COUNTRY OF Aikhen SC
(10) PRESENT COUNTRY OF Aikhen SC
19

(10) COLOR OR RACE	White	(11) AGE AT LAST BIRTHDAY	39
(10) COLOR OR RACE	White	(11) AGE AT LAST BIRTHDAY	39
(12) BIRTHPLACE	21	(12) BIRTHPLACE	16

(7b) BIRTHPLACE	Aiken S. C.	(7b) OCCUPATION	Unemployed
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(12) Occupation	Farming	House wife
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(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

(22) I hereby certify that I attended the birth of this child, who was... *a live* ... (Born alive or stillborn) (Hour A. M. or P.)
on the date above stated. *h. a. c. 12:00pm*

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(36) Witness (Signature of Witness necessary only if the witness is not the declarant)

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 19.....
 (87) Filed *Oct 4* 19*23*. (25).....
 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.

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