

FORM NO. 5

MARGIN 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
 County of Charleston
 Township of St. Phillips
 or
 Inc. Town of
 or
 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
76142

Registration District No. 909 Registered No. 146
 (For use of Local Registrar)

No. North State St. 60 St.; Ward)

(2) Full Name of Child Rosalie Belcher { 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. 21, 1916
To be answered only in case of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Shorod W. Belcher
 (9) PRESENT POSTOFFICE OF FATHER Box 527, W. C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)
 (12) BIRTHPLACE Pitt County N. C.
 (13) OCCUPATION Farmer - North of state
 (20) Number of children born to mother, including present birth { Two

MOTHER.

(14) NAME BEFORE MARRIAGE Rosie Boyce
 (15) PRESENT POSTOFFICE OF MOTHER Box 527, W. C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Charleston S. C.
 (19) OCCUPATION Home duties
 (21) Number of children of this mother now living, including present birth { Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 5:15 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Dickerson
 (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 Sept. 30, 1916 (28) C. F. Myers 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.