

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 2 SEPARATE BLANKS for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

McGaw, of Columbia

<div> <div>(1) PLACE OF BIRTH</div> <div> <div>CERTIFICATE OF BIRTH</div> <div>STATE OF SOUTH CAROLINA.</div> <div>Bureau of Vital Statistics</div> <div>State Board of Health</div> </div> </div> <div> <div>File No.—For State-Registrar-Only—</div> <div>77316</div> </div>	
<div>County of <u>Greenville</u></div> <div>Township of <u>Port Place</u></div> <div>or Inc. Town of <u>Port Place</u></div> <div>or City of <u>Port Place</u></div> <div>(No. <u>8</u> Mile <u>W</u> St.; <u>Ward</u>)</div> <div>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</div>	<div>Registration District No. <u>222</u></div> <div>Registered No. <u>472</u></div> <div>(For use of Local Registrar)</div>
<div>(2) Full Name of Child. <u>Hallie Eugenia Pool</u></div> <div>If child is not yet named, make supplemental report as directed</div>	
<div>(3) BOY OR GIRL? <u>Girl</u></div> <div>(4) Twin or Triplet? <u>No</u></div> <div>(5) Number in order of birth <u>1</u></div> <div><small>To be answered only in case of twins or triplets</small></div>	<div>(6) Are Parents Married? <u>Yes</u></div> <div>(7) DATE OF BIRTH <u>Sept 2 1906</u></div> <div>(<u>1</u> of Month) (<u>2</u> Day) (<u>1906</u> Year)</div>
<div>FATHER.</div> <div>(8) FULL NAME <u>John Arthur Pool</u></div> <div>(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u></div> <div>(10) COLOR OR RACE <u>white</u></div> <div>(11) AGE AT LAST BIRTHDAY <u>27</u></div> <div>(Years)</div> <div>(12) BIRTHPLACE <u>Lawrence Co</u></div> <div>(13) OCCUPATION <u>Mill work</u></div> <div>(20) Number of children born to mother, including present birth <u>2</u></div>	
<div>MOTHER.</div> <div>(14) NAME BEFORE MARRIAGE <u>Effie Ballen</u></div> <div>(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u></div> <div>(16) COLOR OR RACE <u>white</u></div> <div>(17) AGE AT LAST BIRTHDAY <u>28</u></div> <div>(Years)</div> <div>(18) BIRTHPLACE <u>Greenville Co</u></div> <div>(19) OCCUPATION <u>Housewife</u></div> <div>(21) Number of children of this mother now living, including present birth <u>2</u></div>	
<div>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</div> <div>(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>2:30 P</u> M., on the date above stated. (<u>2</u> of Month) (<u>2</u> Day) (<u>1906</u> Year)</div> <div>(23) (Signature) <u>A. H. Maclean</u></div> <div>(24) State whether Physician or Midwife <u>Physician</u></div> <div>(25) Address of Physician or Midwife <u>Greenville</u></div>	
<div>Given name added from a supplemental report</div> <div>191....</div> <div>Registrar</div>	<div>(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)</div> <div>(27) Filed <u>Oct 3 1906</u></div> <div>(28) <u>A. H. Maclean</u> Local Registrar</div>

\*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.

before the fifth month of pregnancy