

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Wilkes</u>		STATE OF SOUTH CAROLINA.		87790	
Township of <u>Johnson</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>4304</u>		Registered No. <u>161</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Violet Eaddy</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>V</u>	(5) Number in order of birth <u>10th</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Mar. 20</u> 191 <u>6</u>	
		To be answered only in case of twins or triplets		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Eaddy</u>	(14) NAME BEFORE MARRIAGE <u>Pet Turner</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Hammock SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hammock SC</u>				
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>46</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)		
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>				
(13) OCCUPATION <u>Housewife</u>	(19) OCCUPATION <u>Housewife</u>				
(20) Number of children born to mother, including present birth <u>10</u>	(21) Number of children of this mother now living, including present birth <u>10</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>11:00</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>R. S. Rockwell, M.D.</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Johnson SC</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
191 <u>6</u>			(27) Filed <u>Dec 16 1916</u> (28) <u>R. L. Card</u> Local Registrar		
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.