

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 Greenville

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
64577

Township of

or
Inc. Town of Am. Sprin.

Registration District No. 2709 Registered No. 320
(For use of Local Registrar)

or
City of

(No. 68 Severn 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 Ray Woodrow Bayne { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 25-6
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Geo. Mayfield Bayne

(14) NAME BEFORE MARRIAGE Jessie Poole

(9) PRESENT POSTOFFICE OF FATHER Greenville

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
(Years)

(12) BIRTHPLACE Greenville Co.

(18) BIRTHPLACE Greenville Co.

(13) OCCUPATION Mill work

(19) OCCUPATION Housework

(20) Number of children born to mother, including present birth { 7 }

(21) Number of children of this mother now living, including present birth { 7 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:25-6 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. S. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
M. D. V. Greenville

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 July 5-6 1916 (28) A. H. Mackley
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.