

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 *Williamsburg*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of *King, No. 16,*or Inc. Town of *Kingstree,*or City of *Kingstree, S.C.*Registration District No. *43 A.* Registered No. *33*
(For use of Local Registrar)

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

(2) Full Name of Child *Elizabeth Boyd Claiborne* 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

2nd

(6) Are Parents Married?

yes

(7) DATE

Nov. 26-6.

(Name of Month) (Day) (Year)

(8) FULL NAME

W.C. Claiborne

(9) PRESENT POSTOFFICE OF FATHER

Kingstree, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

46
(Years)

(12) BIRTHPLACE

Pittsylvania Co., Va.

(13) OCCUPATION

Merchant.

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

Two

(14) NAME BEFORE MARRIAGE

Bessie Boyd Kelley

(15) PRESENT POSTOFFICE OF MOTHER

Kingstree, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32
(Years)

(18) BIRTHPLACE

Wedgefield, S.C.

(19) OCCUPATION

Housekeeper.

(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 *alive*, at *5:15 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Kingstree, S.C.

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Nov. 30, 1916.*(28) *J.S. McLintchen,*

Local Registrar.

Given name added from a supplemental report

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.