

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  
 Township of .....  
 or  
 Inc. Town of ..... Registration District No. 70 A Registered No. 198  
 or  
 City of Greenville (No. .... St.; .... Ward)  
 (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

72671

(2) Full Name of Child. .... { If child is not yet named, make supplemental report as directed

(3) ~~BOY OR GIRL?~~ (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Aug. 27, 1916  
 To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Duke Richardson  
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C.  
 (10) COLOR w (11) AGE AT LAST BIRTHDAY 28  
 OR RACE (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION mechanic  
 (20) Number of children born to mother, including present birth { 0

## MOTHER.

(14) NAME BEFORE MARRIAGE Miss Sarah Elizabeth Higham  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
 (16) COLOR w (17) AGE AT LAST BIRTHDAY 23  
 OR RACE (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth { 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:15 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. C. Rhodes  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Phys.Greenville S.C.

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 Aug. 27, 1916 (28) M. P. M. Haywood 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.