

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. R.O.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? <small>To be answered only in event of Twins or Triplets.</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 27, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Duke Richardson

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.

(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 28
(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 OR RACE w (17) AGE AT LAST BIRTHDAY 23
(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) Walter Rhodes

(24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife 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 Aug. 29, 1916 (28) M. P. M. Haynes 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.