FORM NO. 5.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
85999

County of Hampton

Township of Pepper

or
Inc. Town of Brunson Registration District No. 2407 Registered No. 257
(For use of Local Reistrar)

or
City of ..... (No. ..... 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** Unnamed ..... 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
Boy	Twin	1st	Yes	Oct 16, 16, 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Mc Davis	(14) NAME BEFORE MARRIAGE Mary Alice Roberts
(9) PRESENT POSTOFFICE OF FATHER Brunson	(15) PRESENT POSTOFFICE OF MOTHER Brunson
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Hampton	(18) BIRTHPLACE Hampton Co
(13) OCCUPATION Mill owner	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth Three	(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 (Born alive or stillborn) at 8 a. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

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 Nov 30 1916 (28) F. W. Rogers 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.

MARGIN RESERVED FOR BINDING.
WHEN FOLDED, WITH UNLEADING INK—THIS IS A PERMANENT RECORD.
FOR SEPARATE BLANKS AND SEPARATE BLANKS
FIRST BORN, NO. 1, THE OTHER, NO. 2, etc., in question 3.
McCaw, of Columbia.