

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.

W
N.

McCaw

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Cherokee</u>		STATE OF SOUTH CAROLINA.		45655	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Gaffney</u>		Registration District No. <u>10a</u>		Registered No. <u>3</u>	
or				(For use of Local Registrar)	
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 <u>Dorothy Forestine Wells</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1 2 6</u>	(8) (Name of Month) (Day) (Year)
FATHER.			MOTHER.		
(9) FULL NAME <u>J. S. Wells</u>			(14) NAME BEFORE MARRIAGE <u>Emma Kirby</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Gaffney</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney</u>		
(11) COLOR OR RACE <u>W</u>	(12) AGE AT LAST BIRTHDAY <u>35</u>	(13) BIRTHPLACE <u>Cherokee Co.</u>	(14) COLOR OR RACE <u>W</u>	(15) AGE AT LAST BIRTHDAY <u>29</u>	(16) BIRTHPLACE <u>Gaffney</u>
(17) OCCUPATION <u>Merchant</u>			(18) OCCUPATION <u></u>		
(19) Number of children born to mother, including present birth <u>2</u>			(20) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(21) I hereby certify that I attended the birth of this child, who was <u>alive</u> , at <u>4 A.</u> M., on the date above stated. (Born <u>alive</u> or stillborn) (Hour A. M. or P. M.)					
(22) (Signature) <u>R. J. Ferguson</u>					
(23) State whether Physician or Midwife <u>MD</u>					
(24) Address of Physician or Midwife <u>Gaffney</u>					
Given name added from a supplemental report			(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 191....			(26) Filed <u>1/4</u> 191....		
..... Registrar			(27) 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.

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