

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 Pickens  
 Township of Pickens  
 or  
 Inc. Town of .....  
 or  
 City of Pickens

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

File No.—For State Registrar Only

91431

Registration District No. 37.06 Registered No. 184  
 (For use of Local Registrar)

City of Pickens (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 Gertrude S. S. S. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? — (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12/15/1916  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Garland Siken  
 (9) PRESENT POSTOFFICE OF FATHER Pickens S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)  
 (12) BIRTHPLACE Jackson Co. S.C.  
 (13) OCCUPATION lumber milling  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Hassie Galloway  
 (15) PRESENT POSTOFFICE OF MOTHER Pickens S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Pickens Co S.C.  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 1 o'clock A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Cannon

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

Pickens S.C. R. 3.

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 Dec 20 1916 (28) C. S. Cannon 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.