

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 Greenwood **CERTIFICATE OF BIRTH**
 County of Greenwood STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of
 or
 Inc. Town of Registration District No. 73a Registered No. 139
 or
 City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only

43106

(2) Full Name of Child Jack Harrison

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 <u>Dec. 24</u> 191 <u>5</u> (Name of Month) (Day) (Year)
To be answered only in case of Twins or Triplets				
FATHER.			MOTHER.	
(8) FULL NAME <u>John Russell Harrison</u>			(14) NAME BEFORE MARRIAGE <u>Louis Plexus</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenwood S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenwood S.C.</u>	
(10) COLOR OF RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32 yrs</u> (Years)	(16) COLOR OF RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>27 yrs</u> (Years)	
(13) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>South Carolina</u>	
(19) OCCUPATION <u>Smoky-fish</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1st</u>			(21) Number of children of this mother now living, including present birth <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 noon on the date above stated.
 (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) A. G. E. M. S.
 (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 Jan 6 1916 (28) M. A. Williams 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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