

FORM NO. 5.

(1) PLACE OF BIRTH

County of WinchesterTownship of Windsor

or

Inc. Town of

or

City of

(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

44944

Registration District No. 4302 Registered No. 94

(For use of Local Registrar)

St.: _____ Ward)

(2) Full Name of Child Louise Lisdale If child is not yet named, make supplemental report as directed(3) BOY OR GIRLY girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 19, 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sarah Lisdale(9) PRESENT POSTOFFICE OF FATHER Windsor(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Windsor(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Melvin Shaw(15) PRESENT POSTOFFICE OF MOTHER Windsor(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Windsor(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Lisdale

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

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness Sarah Lisdale
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec. 27, 1911 (28) B. B. Johnson 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.

MAKING RESERVATIONS. END ENDING. 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.

McGraw-Hill of Columbia