

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.
 McGraw, of Columbia.

(1) PLACE OF BIRTH
 County of Sumter
 Township of
 or
 Inc. Town of
 or
 City of Sumter
 (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
83592

(2) Full Name of Child { If child is not yet named, make supplemental report as directed

(3) BOY <u>Boy</u> <small>To be answered only in event of Twins or Triplets</small>	(4) Twin or Triplet <input checked="" type="checkbox"/>	(5) Number in order of birth <u>27</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Oct 28 1916</u>
(8) FULL NAME <u>Benj Brock</u>		(14) NAME BEFORE MARRIAGE <u>Josephine Furdale</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter SC</u> <u>D. Sumter St 450</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter SC</u> <u>450 D Sumter St</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Sumter Co SC</u>		(18) BIRTHPLACE <u>Sumter Co SC</u>		
(13) OCCUPATION <u>Carpenter</u>		(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>6</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) C. W. Maxwell

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

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 6 1916 (28) W. J. Jackson 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.