

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.  
 McClure of Columbia.

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of Butler  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only  
77223

Registration District No. 2202 Registered No. 63  
 (For use of Local Registrar)  
 (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. Bladlys May Smith } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 16, 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME John Smith  
 (9) PRESENT POSTOFFICE OF FATHER Greenville, B#5  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 76 (Years)  
 (12) BIRTHPLACE Arkansas  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Hattie Smith  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville, B#5  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 71 (Years)  
 (18) BIRTHPLACE Greenville, S.C.  
 (19) OCCUPATION House work  
 (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 1:30 P. M.,  
 on the date above stated. (Born live or still born) (Hour, A. M. or P. M.)  
 (23) (Signature) Alice Alexander  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report ..... 191.....  
 (26) Witness W. M. Jones (Signature of witness necessary only when question 23 is signed by mark)  
 (27) Filled Aug 24, 1916 (28) T. G. Jones Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report, 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.