

MARGIN RESERVED FOR BINDING.

FORM NO. 5

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  
**CERTIFICATE OF BIRTH**  
 County of *Charleston S.C.* STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of ..... State Board of Health

File No.—For State Registrar Only  
**75988**

Inc. Town of ..... Registration District No. *9A* Registered No. *971*  
 (For use of Local Registrar)  
 City of *Charleston* (No. *4* *Stall Alley* St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
*Aida*

(2) Full Name of Child *Miriam 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 *yes* Parents Married? ..... (7) DATE OF BIRTH *Sept 6 1914*  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME *William Smith*  
 (9) PRESENT POSTOFFICE OF FATHER *Charleston S.C.*  
 (10) COLOR OR RACE *black* (11) AGE AT LAST BIRTHDAY *31* (Years)  
 (12) BIRTHPLACE *Int Pleasant S.C.*  
 (13) OCCUPATION *Capt Yacht*  
 (20) Number of children born to mother, including present birth *8*

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Mary Grant*  
 (15) PRESENT POSTOFFICE OF MOTHER *Charleston S.C.*  
 (16) COLOR OR RACE *black* (17) AGE AT LAST BIRTHDAY *29* (Years)  
 (18) BIRTHPLACE *McClellanville S.C.*  
 (19) OCCUPATION *housewife*  
 (21) Number of children of this mother now living, including present birth *8*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *7 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Midwife Martha Howard*

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

*affid* *Martha Howard #1 39 Wentworth St*

Given name added from a supplemental report

*9/9/14* *191*  
*L. A. Riser M.D.*  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *9/18* *191* (28) *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.