

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.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|--|------------------------------------|---------------------------------------|---|--|------------------------------|
| County of <u>Cherokee</u> | | STATE OF SOUTH CAROLINA. | | 71918 | |
| Township of <u>Sims</u> | | Bureau of Vital Statistics | | | |
| | | State Board of Health | | | |
| Inc. Town of <u>Country</u> | | Registration District No. <u>1013</u> | | Registered No. <u>111</u> | |
| City of <u>Country</u> | | (No. St.; Ward) | | (For use of Local Registrar) | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | | | | |
| (2) Full Name of Child. <u>Viniam Agness Sigler</u> , If child is not yet named, make supplemental report as directed | | | | | |
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>Single</u> | (5) Number in order of birth <u>2</u> | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Aug. 11, 1916</u> | (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>John Sigler</u> | | | (14) NAME BEFORE MARRIAGE <u>Gettie</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Rossmore S.C. R.T.D. # 8</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Rossmore S.C. R.T.D. # 8</u> | | |
| (10) COLOR OR RACE <u>white</u> | | | (16) COLOR OR RACE <u>white</u> | | |
| (11) AGE AT LAST BIRTHDAY <u>29</u> (Years) | | | (17) AGE AT LAST BIRTHDAY <u>22</u> (Years) | | |
| (12) BIRTHPLACE <u>Rossmore S.C.</u> | | | (18) BIRTHPLACE <u>Bladon Co. N.C.</u> | | |
| (13) OCCUPATION <u>milk milk.</u> | | | (19) OCCUPATION <u>Domestic</u> | | |
| (20) Number of children born to mother, including present birth <u>2</u> | | | (21) Number of children of this mother now living, including present birth <u>2</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>4</u> P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated. | | | | | |
| (23) (Signature) <u>G. M. Smith</u> | | | | | |
| (24) State whether Physician or Midwife <u>Midwife</u> | | | | | |
| (25) Address of Physician or Midwife <u>Rossmore S.C.</u> | | | | | |
| Given name added from a supplemental report | | | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) | | |
| 191... | | | (27) Filed <u>Sept. 2, 1916</u> | | |
| Registrar | | | (28) <u>H. H. Pritchard</u> 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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