

FORM NO. 5. MARK IN REVERSE 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
 County of Cherokee
 Township of Simsonton
 or Town of Registration District No. 1013 Registered No. 111
 or (For use of Local Registrar)
 City of Country (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
71918

(2) Full Name of Child. Viniam Agness Sigler, If child is not yet named, make supplemental report as directed

(3) ~~BOY OR GIRL?~~ girl (4) Twin or Triplet? single (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 11, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John Sigler
 (9) PRESENT POSTOFFICE OF FATHER Country, S.C.
R.F.D. # 8
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Raven Co. N.C.
 (13) OCCUPATION mill work.
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Gettie
 (15) PRESENT POSTOFFICE OF MOTHER Country, S.C.
R.F.D. # 8
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Bladford Co. N.C.
 (19) OCCUPATION Domestic
 (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 alive at 4 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.
 (23) (Signature) J. M. Webb
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Country, S.C.

Given name added from a supplemental report 191.....
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept. 2, 1916 (28) H. H. Pritchard 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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Registrar Only
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