

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. For State Registrar Only	
County of <i>Greenville</i>		STATE OF SOUTH CAROLINA.		90196	
Township of <i>Greenville</i>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
or City of		Registration District No. <i>2304</i>		Registered No. <i>173</i>	
(If birth occurs in a hospital or other institution give name of same instead of street and number.)		St.;		Ward)	
(2) Full Name of Child <i>George J. Watts</i>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>3</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE BIRTH <i>Dec 4 1917</i>	(8) (Name of Month) (Day) (Year)
FATHER.			MOTHER.		
(8) FULL NAME <i>Geo Ernest Watts</i>			(14) NAME BEFORE MARRIAGE <i>Sarah Sproson</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Greenville, S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Greenville, S.C.</i>		
(10) COLOR OR RACE <i>White</i>			(11) AGE AT LAST BIRTHDAY <i>39</i>		
(12) BIRTHPLACE <i>Sumter Co., S.C.</i>			(16) COLOR OR RACE <i>White</i>		
(13) OCCUPATION <i>Show man</i>			(17) AGE AT LAST BIRTHDAY <i>29</i>		
(20) Number of children born to mother, including present birth <i>3</i>			(18) BIRTHPLACE <i>Union Co., S.C.</i>		
			(19) OCCUPATION <i>Domestic</i>		
			(21) Number of children of this mother now living, including present birth <i>3</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> at <i>11:30 P.</i> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>J. M. Symmes, M.D.</i>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <i>Boysenwood, S.C.</i>					
Given name added from a supplemental report			(26) Witness		
191			(Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) Filed <i>Jan 9 1917</i> (28) <i>L.R. B. 2222</i> 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.					

K O D A K S A F E T