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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
72696

(1) PLACE OF BIRTH

County of Florence

Township of Back Swamp

or

Inc. Town of ..... Registration District No. 2000 Registered No. 39 (For use of Local Reistrar)

or

City of ..... (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. Not named ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy | (4) Twin or Triplet? | (5) Number in order of birth — To be answered only in event of Twins or Triplets | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Aug. (Name of Month) 17 (Day), 1916 (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Paul Phelps	(14) NAME BEFORE MARRIAGE	Harriet Miller
(9) PRESENT POSTOFFICE OF FATHER	Florence R. F. D. #1	(15) PRESENT POSTOFFICE OF MOTHER	Florence R. F. D. #1
(10) COLOR OR RACE	Col.	(16) COLOR OR RACE	Col.
(11) AGE AT LAST BIRTHDAY (Years)	35	(17) AGE AT LAST BIRTHDAY (Years)	35
(12) BIRTHPLACE	Florence Co	(18) BIRTHPLACE	Florence Co
(13) OCCUPATION	Farmer	(19) OCCUPATION	Farming
(20) Number of children born to mother, including present birth	11	(21) Number of children of this mother now living, including present birth	10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Marion Thomas *

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

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness H. M. Ayer (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Apr 7 1916 (28) H. M. Ayer 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.

Midwife died a few days later. +