

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.  
 MCGAW OF COLUMBIA, COLUMBIA, S. C.

Form No. 5.

(1) PLACE OF BIRTH

County of Berkeley  
 Township of St. James  
 or  
 Town of Greenville  
 or  
 City of .....

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**84470**

Registration District No. 701 Registered No. 57  
 (For use of Local Registrar)  
 (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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 10, 1916  
 To be answered only in event of Twins or Triplets (If child is not yet named, make supplemental report as directed)

FATHER.  
 (8) FULL NAME Doty J. Rhoad  
 (9) PRESENT POSTOFFICE OF FATHER Strawberry, S. C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
 (12) BIRTHPLACE Bamberg Co.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 6

MOTHER.  
 (14) NAME BEFORE MARRIAGE Geneva Parker  
 (15) PRESENT POSTOFFICE OF MOTHER Strawberry, S. C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31  
 (18) BIRTHPLACE Berkeley Co.  
 (19) OCCUPATION House-wife  
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ... born alive ... at 4:20 AM ...  
 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Edmund N. Simons  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife SUMMERSVILLE, S. C.

Given name added from a supplemental report  
 \_\_\_\_\_  
 \_\_\_\_\_ 19 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 1/12/17 19 17 (28) R. G. H. ...  
 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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