

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.

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Spartanburg</u></p> <p>Township of <u>Walnut Grove</u></p> <p>or</p> <p>Inc. Town of .....</p> <p>or</p> <p>City of .....</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<p><b>CERTIFICATE OF BIRTH</b></p> <p>STATE OF SOUTH CAROLINA.</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p><b>83585</b></p>
<p>(2) Full Name of Child</p>		<p>Registration District No. <u>4010</u></p>		<p>Registered No. <u>49</u></p> <p>(For use of Local Registrar)</p> <p>St.: ..... Ward)</p> <p>(No. ....)</p> <p>If child is not yet named, make supplemental report as directed</p>
<p>(3) BOY OR GIRL? <u>Girl</u></p>	<p>(4) Twin or Triplet? <u>No</u></p> <p>To be answered only in event of Twins or Triplets.</p>	<p>(5) Number in order of birth</p>	<p>(6) Are Parents Married? <u>Yes</u></p>	<p>(7) DATE OF BIRTH <u>Oct 12 1916</u></p> <p>(Name of Month) (Day) (Year)</p>
<p><b>FATHER.</b></p>		<p><b>MOTHER.</b></p>		
<p>(8) FULL NAME <u>Russell Bishop</u></p>		<p>(14) NAME BEFORE MARRIAGE <u>Hannie Pope</u></p>		
<p>(9) PRESENT POSTOFFICE OF FATHER <u>Pauline S.C.R.1</u></p>		<p>(15) PRESENT POSTOFFICE OF MOTHER <u>Pauline S.C.R.1</u></p>		
<p>(10) COLOR OR RACE <u>White</u></p>		<p>(16) COLOR OR RACE <u>White</u></p>		
<p>(11) AGE AT LAST BIRTHDAY <u>26</u></p> <p>(Years)</p>		<p>(17) AGE AT LAST BIRTHDAY <u>19</u></p> <p>(Years)</p>		
<p>(12) BIRTHPLACE <u>Spartanburg S.C.</u></p>		<p>(18) BIRTHPLACE <u>Spartanburg Co S.C.</u></p>		
<p>(13) OCCUPATION <u>Farmer</u></p>		<p>(19) OCCUPATION <u>Housewife</u></p>		
<p>(20) Number of children born to mother, including present birth <u>Three</u></p>		<p>(21) Number of children of this mother now living, including present birth <u>Two</u></p>		
<p><b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b></p>				
<p>(22) I hereby certify that I attended the birth of this child, who was <u>Russell Bishop</u> ..... <u>5</u> ..... <u>A.M.</u></p> <p>on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</p>				
<p>(23) (Signature) <u>S. J. D. Lammie</u> ..... <u>M.D.</u></p>				
<p>(24) State whether Physician or Midwife <u>Physician</u></p>				
<p>(25) Address of Physician or Midwife <u>Pauline S.C.</u></p>				
<p>Given name added from a supplemental report</p>		<p>(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)</p>		
<p>....., 191.....</p>		<p>(27) Filed <u>Nov 6 1916</u></p>		
<p>..... Registrar</p>		<p>(28) <u>S. F. Newman</u> Local Registrar</p>		
<p>*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.</p>				

McCaw, of Columbia.