

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.

McCay, of Columbia

(1) PLACE OF BIRTH
 County of Greenville STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of Highland
 or
 Inc. Town of _____ Registration District No. 22.11 Registered No. 777
 (For use of Local Registrar)
 City of _____ (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
77334

(2) Full Name of Child Wm. Eddie Sudduth } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 7, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wilson Sudduth
 (9) PRESENT POSTOFFICE OF FATHER Greer S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Highland S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth } One

MOTHER.

(14) NAME BEFORE MARRIAGE Cora Henson
 (15) PRESENT POSTOFFICE OF MOTHER Greer S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Greer S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth } One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 2:36 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. K. Sudduth
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 _____ 191_____
 _____ Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filled _____ 191____ (28) _____ 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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