

FORM NO. 5 MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

IF BORN ONE 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

County of *Union*

Township of *Union*

or
Inc. Town of
or

City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

87734

Registration District No. *4-20-7* Registered No. *107*
(For use of Local Registrar)

(2) Full Name of Child *Sammy Lewis French*

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 *Nov. 6, 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *William French*

(9) PRESENT POSTOFFICE OF FATHER *Union S.C.*

(10) COLOR OR RACE *Indian* (11) AGE AT LAST BIRTHDAY *37*
(Years)

(12) BIRTHPLACE *Oklahoma U.S.*

(13) OCCUPATION *Corder in Cotton mill*

(20) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Winnie Partridge*

(15) PRESENT POSTOFFICE OF MOTHER *Union S.C.*

(16) COLOR OR RACE *Indian* (17) AGE AT LAST BIRTHDAY *31*
(Years)

(18) BIRTHPLACE *Swain Co. N.C.*

(19) OCCUPATION *Spooling in Cotton mill*

(21) Number of children of this mother or living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *9-30 A.M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Delores Browley, M.D.*

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

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Nov 12, 1916* (28) *D. G. Sarrott* 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.