

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.

WE
 N.:

McCaw

(1) PLACE OF BIRTH
 County of Sherrakee
 Township of Simeons
 or
 Inc. Town of Lawn
 or
 City of Gaffney S. C.
 (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
45633

Registration District No. 10A Registered No. 1
 (For use of Local Registrar)
 St. 3 Ward 3

(2) Full Name of Child Edward Earl Byars } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Single</u> <small>Is he supposed only in case of Twins or Triplets</small>	(5) Number in order of birth <u>8</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 2 1906</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>John S. Byars</u>	(14) NAME BEFORE MARRIAGE <u>Antoinette Clary</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S. C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Spartanburg Co. S. C.</u>	(18) BIRTHPLACE <u>Spartanburg Co. S. C.</u>			
(13) OCCUPATION <u>Blacksmith</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>8</u>	(21) Number of children of this mother now living, including present birth <u>8</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

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

Given name added from a supplemental report
7, 191... Registrar

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

(27) Filed 12 191... (28) [Signature] 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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