

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 2 SEPARATE BLANKS for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

McCaw, of Columbia.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only  
90200

County of *Greenville*

Township of *Greenville*

Inc. Town of .....

City of .....

Registration District No. *2314*

Registered No. *180*

(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: *Ellen Sarah Jensen*

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* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Dec 17/6*

FATHER.

MOTHER.

(8) FULL NAME *Wade Hampton Jensen*

(14) NAME BEFORE MARRIAGE *Alpha Ayers*

(9) PRESENT POSTOFFICE OF FATHER *Greenville, S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Greenville, S.C.*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *31* (Years)

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *30* (Years)

(12) BIRTHPLACE *Greenville Co*

(18) BIRTHPLACE *Georgia*

(13) OCCUPATION *mill operative*

(19) OCCUPATION *Domestic*

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

(21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *5:40 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. M. Symmes, MD*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *25 Greenwood St.*

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 *Jan 9, 1917* (28) *A. P. ...* 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.