

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

FORM NO. 5.

(1) PLACE OF BIRTH

County of

Hampton

Township of

Repton

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

52555

Registration District No. 2402

Registered No.

(For use of Local Registrar)

(2) Full Name of Child. Charles Clifton Altman

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

Is answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

July 29, 1906

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Henry Franklin Altman

(9) PRESENT POSTOFFICE OF FATHER

Hampton

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24 (Years)

(12) BIRTHPLACE

Hampton S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

C. M. Clifton

(15) PRESENT POSTOFFICE OF MOTHER

Hampton S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24 (Years)

(18) BIRTHPLACE

Hampton S.C. Repton Township

(19) OCCUPATION

House wife

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

C. P. Altman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

3/31/06

(28)

J. W. Rogers

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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