

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.

(1) PLACE OF BIRTH  
County of Sumter  
Township of .....  
OR  
Inc. Town of .....  
OR  
City of Sumter (No. .... St.; ..... Ward)  
(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  
**74853**

Registration District No. 4/A Registered No. 142  
(For use of Local Registrar)

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

(3) ~~Boy or~~ GIRL? Girl (4) Twin or Triplet? .....  
To be answered only in event of Twin or Triplet (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 18 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME J. B. Wells  
(9) PRESENT POSTOFFICE OF FATHER Sumter S. C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48 (Years)  
(12) BIRTHPLACE Sumter Co.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Pauline Jennings  
(15) PRESENT POSTOFFICE OF MOTHER Sumter S. C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)  
(18) BIRTHPLACE Sumter Co.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Chas. Cunningham  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter S. C.

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

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Apr 19 1916 (28) W. J. D. Kagen 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.