

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.

McCraw, of Columbia.

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 County of Lexington STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Black Creek State Board of Health
 or
 Inc. Town of Pelion S.C. Registration District No. 3/00 Registered No. 8
 or
 City of _____ (No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
78023

(2) Full Name of Child Garret Lee Sucas } 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** 1 **(6) Are Parents Married?** yes **(7) DATE OF BIRTH** August 20, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Talmage David Sucas
(9) PRESENT POSTOFFICE OF FATHER Pelion S.C.
(10) COLOR OR RACE white **(11) AGE AT LAST BIRTHDAY** 26 (Years)
(12) BIRTHPLACE Pelion S.C.
(13) OCCUPATION Merchant
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Francis Rodella Rich
(15) PRESENT POSTOFFICE OF MOTHER Pelion S.C.
(16) COLOR OR RACE White **(17) AGE AT LAST BIRTHDAY** 26 (Years)
(18) BIRTHPLACE Edmund S.C.
(19) OCCUPATION Home
(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 born at 3 P. M., on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. W. Kingard, M.D.
(24) State whether Physician or Midwife Physician **(25) Address of Physician or Midwife** Lexington, 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 8/9 1916 **(28)** H. D. Kneel 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.

before the fifth month of pregnancy.