

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 Greenville
Township of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
72992

Inc. Town of or
City of Greenville R.F.D. #7 (No.) Registration District No. 2-209 Registered No. 404
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

(2) Full Name of Child. Charlie Dillard Britt 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 15 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Charlie Britt
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C. R.F.D.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 75 (Years)
(12) BIRTHPLACE Atlanta, Ga.
(13) OCCUPATION Gas Fitter.
(20) Number of children born to mother, including present birth { one }

MOTHER.
(14) NAME BEFORE MARRIAGE Ilda Jonison
(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C. R.F.D.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Greer S.C.
(19) OCCUPATION House-wife
(21) Number of children of this mother now living, including present birth { one }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Carl A. News

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 112 Hampton St. Greenville 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) Aug 28 1916 (28) A. H. Mearsey 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.