

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA.		77317	
Township of <u>Greenville</u>		Bureau of Vital Statistics		State Board of Health	
or Inc. Town of		Registration District No. <u>2209</u>		Registered No. <u>473</u>	
or City of <u>Greenville</u>		(No. <u>Montgomery Ave.</u> St.; Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Eugene Capps</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 18, 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Salillies S. Capps</u>			(14) NAME BEFORE MARRIAGE <u>Mandy Frances</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>N.C.</u>			(18) BIRTHPLACE <u>Greenville</u>		
(13) OCCUPATION <u>Shipping Clerk</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>1:15 a.m.</u> (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.					
(23) (Signature) <u>W. D. Brown</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Mid. Greenville</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191.....			<u>Oct 3</u> 1916 (28) <u>W. H. K. S.</u> Local Registrar		
..... 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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