

FORM NO. 5

(1) PLACE OF BIRTH

County of Horry  
 Township of Pleles  
 or  
 Inc. Town of .....  
 or  
 City of ..... (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

77467

(2) Full Name of Child Mrs. Issa Terry { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? any (4) Twin or Triplet? ✓ (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 7 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe D Terry  
 (9) PRESENT POSTOFFICE OF FATHER Brunson  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)  
 (12) BIRTHPLACE Brunson S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Vara Simms  
 (15) PRESENT POSTOFFICE OF MOTHER Brunson  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Meer Brunson  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 Am. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Sarah J. Forecoat  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(26) Witness J. D. Terry  
(Signature of Witness necessary only if question 23 is signed by mark)  
 (27) Filed 9/9 1916 (28) H. 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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MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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.  
 McGraw-Hill of Columbia.