

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.

McCauley of Columbia.

(1) PLACE OF BIRTH  
 County of Greenwood **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of .....  
 Inc. Town of ..... Registration District No. 93a Registered No. 87  
 City of Greenwood (No. 154 Jackson 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  
77367(2) Full Name of Child Wm Lawrence Hallingworth If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 25, 1916</u> (Name of Month) (Day) (Year)
-----------------------------	--	---------------------------------------	-------------------------------------	---

## FATHER.

## MOTHER.

(8) FULL NAME <u>Ed Hallingworth</u>	(14) NAME BEFORE MARRIAGE <u>Hattie Guss</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Greenwood</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenwood 10</u>
(10) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Greenwood Co., SC</u>	(18) BIRTHPLACE <u>Franklin Co., Ga.</u>
(13) OCCUPATION <u>mill employee</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>two</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 10 A. M. on the date above stated.(23) (Signature) J. M. Killebrew(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville, Greenwood, SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10/10/16 (28) H. A. Williams 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.

\*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.