

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. Bureau of Vital Statistics State Board of Health		77318	
Township of <u>Cousate Mico</u>		Registration District No. <u>2</u>		Registered No. <u>474</u>	
Inc. Town of <u>Cousate Mico</u>		City of <u>Cousate Mico</u>		(For use of Local Registrar) St.; <u>Ward</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>7</u> Gate)			
(2) Full Name of Child <u>Robert William Lee</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. 14</u> 191 <u>6</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Leonard Brown</u>			(14) NAME BEFORE MARRIAGE <u>Ditthis Blackwell</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>26</u> (Years)	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(12) BIRTHPLACE <u>Cherokee Co</u>			(18) BIRTHPLACE <u>N. C.</u>		
(13) OCCUPATION <u>mill work</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>one</u>			(21) Number of children of this mother now living, including present birth <u>one</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>5:40 a.m.</u> (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>A. Eugene Brown</u>					
(24) State whether Physician or Midwife <u>MD</u>					
(25) Address of Physician or Midwife <u>Greenville</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
<u>Dec 21 1916</u>			<u>Oct 3 1916</u>		
<u>MB Woodruff</u> Registrar			<u>Local Registrar</u>		
*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.					