

FORM NO. 5  
 McC  
 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 Camden  
 Township of Camden  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**63091**

Registration District No. 4.00 Registered No. 60  
 (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 Henry Parker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 4.13 1914  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eliza Parker  
 (9) PRESENT POSTOFFICE OF FATHER DENMARK, S. C.  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE Camden  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Brook Lightner  
 (15) PRESENT POSTOFFICE OF MOTHER DENMARK, S. C.  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE Camden Co  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Brook Lightner  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness R. H. Lightner  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7/6 1914 (28) John Gower 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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.