

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  
**Charleston**  
 County of .....  
 Township of .....  
 OR  
 Inc. Town of .....  
 OR  
 City of **Charleston** (No. **1** **Holmes St** 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  
**75963**

(2) Full Name of Child **Archie Evelyn Brock** If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **Girl** (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Sept 8, 1910**  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME **Cesar Brooks**  
 (9) PRESENT POSTOFFICE OF FATHER **Charleston S. C.**  
 (10) COLOR OR RACE **Black** (11) AGE AT LAST BIRTHDAY **37** (Years)  
 (12) BIRTHPLACE **Charleston S. C.**  
 (13) OCCUPATION **Gardner**  
 (20) Number of children born to mother, including present birth **4**

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE **Dora Jackson**  
 (15) PRESENT POSTOFFICE OF MOTHER **Charleston S. C.**  
 (16) COLOR OR RACE **Black** (17) AGE AT LAST BIRTHDAY **34** (Years)  
 (18) BIRTHPLACE **Charleston S. C.**  
 (19) OCCUPATION **Domestic**  
 (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 **born alive** ..... **10** ..... **A.** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) **Lucy X Green**  
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife  
**17 Munan St**

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

(26) Witness **Mrs. A. R. Meyer** (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed **9/9** 191..... (28) **J. M. ...** 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.